



Financial Aid

**Federal Work-Study On-Campus Agreement
Award Year 2017-2018**

STUDENT SECTION:

UI&U STUDENT NAME: _____ SSN _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

MY FWS AWARD AMOUNT: _____

I agree to adhere to all policies and procedures as outlined by my supervisor. I am currently enrolled at least half-time. I understand that if I drop below half-time I will not be eligible for federal work-study.

Student signature _____ **Date** _____

DEPARTMENT SECTION:

DEPARTMENT: _____ RATE OF PAY: \$14/hour

SUPERVISOR NAME: _____ TITLE: _____

EMAIL: _____ PHONE: _____

WORK SCHEDULE:

JOB DESCRIPTION:

I have read and understand my responsibilities as a federal work-study supervisor. I understand that the student cannot begin to work until I am notified by the UI&U Financial Aid Office. I understand the student cannot earn more than their FWS award amount. Any excess earnings will be automatically charged to my departmental budget. I agree to adhere to all policies and procedures as outlined.

Supervisor signature _____ **Date** _____