



Federal Work Study Application

The Federal Work Study Program provides students with part-time employment on or off campus to gain work experience to earn funds to help pay for postsecondary educational expenses. This program encourages students to engage in the community and on campus to gain work related experience related to your program of study. Students must meet federal regulations set by the U.S. Department of Education to participate. Students may apply for work study positions by completing a FAFSA and the NGTC Federal Work Study Application. If you have any questions, please contact NGTC's Financial Aid Office.

A. Student Information

 Student's Last Name Student's First Name Student's M.I. Student's ID/SSN

 Student's Street Address (include apt. no.) City State Zip Code

 Student's Email Address Student's Phone Number (include area code)

 Desired Position Title Expected Date of Graduation (mm/yyyy)

 Program of Study

B. Work Experience

Please list most recent previous work history beginning with your current or most recent job. If you do not have any previous work experience, please leave this section blank. If you need more space, please attach additional sheets which contain the same information requested in this section.

<u>Employer Name</u>	<u>Dates of Employment</u>	<u>Description of Duties</u>
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C. Certification & Signature

Please carefully read and initial each line.

_____ I agree that I have completed a FAFSA to determine my eligibility for the work study program.

_____ I agree that the completion of this application does not guarantee eligibility or participation in the work study program.

_____ I agree that I would not exceed the weekly limit described in the job description.

_____ I agree that I would work with the position supervisor to create a weekly work schedule and would never work during my scheduled class time unless I can provide documentation that class has been cancelled by my instructor.

_____ I agree to report to work on time and will not leave before my work schedule ends unless approved by my supervisor, if hired. I agree to notify my supervisor at least 1 day in advance any time I have to miss work due to an emergency or illness (when possible).

_____ If hired, I agree to submit my FWS timesheet into Lori Whiting, Financial Aid Technician, by the 1st and 16th of each month. Failure to do so would cause my paycheck to be delayed until the following pay period.

_____ If hired, I will never, under any circumstances, falsify my hours. I understand that if I lie about my hours, I will be terminated from my position and could face harsh consequences from NGTC.

_____ I agree that participating in the work study program does not allow me to work on homework, login to Blackboard, or read Books/newspapers/magazines during the time I am paid to be working.

_____ I agree I will not use my cell phone during the time I would be paid to be working unless given approval by my supervisor.

_____ I agree that I would notify my supervisor well in advance when I am graduating or would like to no longer be a work study student.

I understand that violating any terms of this agreement could result in termination of my FWS participation in the program.

By signing this form, you are certifying that you understand and agree to the responsibilities of participating in the Federal Work Study Program. Failure to maintain any responsibilities listed above can affect your eligibility to participate in the Federal Work Study Program.

Signatures must be wet signature, not computer generated.

Student's Signature

Date