

Federal Student Worker Renewal Request

(Return to Student Affairs)



Name: _____ Student ID: _____

In order to continue your eligibility for as an Edison State Community College Student Worker, through the federal work study program, you will need to complete the following items:

1. I have notified my Supervisor and the Human Resources Dept. that I wish to continue in my Student Worker position.

_____ Initial

2. I have completed the current award year FAFSA AND all other steps in the financial aid process.

_____ Initial

3. Anticipated Enrollment *Select one option for EACH term*

I plan to be enrolled in the following semesters:

- | | | | |
|-------------|--|--|--|
| Fall 2022 | <input type="checkbox"/> 12 or more credit hours | <input type="checkbox"/> 1-11 credit hours | <input type="checkbox"/> Do Not Plan To Enroll |
| Spring 2023 | <input type="checkbox"/> 12 or more credit hours | <input type="checkbox"/> 1-11 credit hours | <input type="checkbox"/> Do Not Plan To Enroll |

You must be enrolled in at least one credit hour in the term for which you wish to receive federal student worker funds.

4. I or my spouse is receiving a military housing allowance (BAH) or live on a military base yes or no

I live with my parents who are receiving a military housing allowance (BAH) or live on a military base yes or no

5. Indicate the number of children under the age of 12 for whom you will be paying childcare costs during your terms of attendance.

_____ (DO NOT LEAVE BLANK - Enter the number of children or "0" if none)

Student Certification

I understand this review does not guarantee employment. If hired, I understand that a second review of my eligibility will be completed as my eligibility may change. I understand that a federal student worker award may impact my eligibility for other financial aid. I understand the federal student worker funding for my employment is limited to my eligibility for the program and to Edison State's federal student worker budget. I understand when either my allotment or Edison State's budget is exhausted; I will no longer be able to work under the federal student worker program, as there will be no funding for compensation. Please determine any eligibility I might have for the federal student worker program. I give permission to release federal student worker eligibility information to Human Resources to be noted on my application.

Student Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

FOR OFFICE USE ONLY:						
SAP	Y	N	Dependency Status	I	D	
# of Dependents	_____		Housing Status	1	2	3
Default	Y	N	Degree Seeking	_____		