**Federal Work-Study Request**  
(Return to Student Affairs)

Name: _______________________________  
Student ID: __________________________

In order to determine your eligibility for the federal work-study program, you will need to complete the following items:

1. **I have completed the FAFSA AND all other steps in the financial aid process.**
   - If you do not wish to complete the FAFSA, you may still be considered for the Non-Federal Work Study Program. If this is the case, this form is NOT required.
   
   __________ Initial

2. **I have submitted the work-study application to Human Resources.**

   __________ Initial

3. **Anticipated Enrollment *Select one option for EACH term***
   - I plan to be enrolled in the following semesters:
     - Summer 2015
       - 12 or more credit hours
       - 6-11 credit hours
       - Do Not Plan To Enroll
     - Fall 2015
       - 12 or more credit hours
       - 6-11 credit hours
       - Do Not Plan To Enroll
     - Spring 2016
       - 12 or more credit hours
       - 6-11 credit hours
       - Do Not Plan To Enroll

   You must be enrolled in at least six credit hours in the term(s) for which you wish to receive federal work-study 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 work-study award may impact my eligibility for other financial aid. I understand the federal work-study funding for my employment is limited to my eligibility for the program and to Edison’s federal work-study budget. I understand when either my allotment or Edison’s budget is exhausted; I will no longer be able to work under the federal work-study program, as there will be no funding for compensation. Please determine any eligibility I might have for the federal work-study program. I give permission to release federal work-study eligibility information to Human Resources to be noted on my application.

Student Signature: ___________________________  
Date: ___________________________

**FOR OFFICE USE ONLY:**

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