

# Student Worker Position Renewal Request

(Return to Student Affairs)



Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

**In order to continue your eligibility as a 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:

- |             |  |  |  |
|-------------|--|--|--|
| Summer 2018 | <input type="checkbox"/> 12 or more credit hours | <input type="checkbox"/> 6–11 credit hours | <input type="checkbox"/> Do Not Plan To Enroll |
| Fall 2018   | <input type="checkbox"/> 12 or more credit hours | <input type="checkbox"/> 6–11 credit hours | <input type="checkbox"/> Do Not Plan To Enroll |
| Spring 2019 | <input type="checkbox"/> 12 or more credit hours | <input type="checkbox"/> 6–11 credit hours | <input type="checkbox"/> 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  No  
I live with my parents who are receiving a military housing allowance (BAH) or live on a military base  Yes  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 State’s federal work-study 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 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: \_\_\_\_\_

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