

SCHOOL OF PUBLIC HEALTH
2009 – SUMMER WORK STUDY QUESTIONNAIRE

Please check all statements that apply and fill in all required information in the blank spaces provided. Submission of this form does not automatically guarantee a work-study award. All forms will be collected by TUHSC Financial Aid Office and then evaluated by the Student Career Center before any work-study awards are made. IF ANY OF THE INFORMATION ON THIS FORM CHANGES, IT IS YOUR RESPONSIBILITY TO NOTIFY THE FINANCIAL AID OFFICE AND THE STUDENT CAREER CENTER. YOU ARE NOT AUTHORIZED TO BEGIN WORKING UNLESS YOU HAVE BEEN GIVEN AN OFFICIAL WORK STUDY NOTICE ON YOUR AWARD LETTER.

Name (Please Print): _____ SS#: _____

Contact Info - Phone or E mail: _____

NOTE: The maximum \$ amount allowed for Work Study for the Summer is \$ 3900.

I am interested in Federal work-study for the Summer in the amount of \$ _____

I presently have a work-study job and would like to continue working during Summer 2009. 0 YES 0 NO
IF YOU ANSWERED "YES", YOU ARE REQUIRED TO LIST THE FOLLOWING:

DEPT. NAME: _____
SUPERVISOR NAME: _____
TELEPHONE #: _____

I have found a definite NEW job for which I am requesting work-study for Summer 2009. 0 YES 0 NO
IF YOU ANSWERED "YES", YOU ARE REQUIRED TO LIST THE FOLLOWING:

DEPT. NAME: _____
SUPERVISOR NAME: _____
TELEPHONE #: _____

I am actively seeking or in the process of securing a particular position with a certain dept. 0 YES 0 NO
IF YOU ANSWERED "YES", YOU ARE REQUIRED TO LIST THE FOLLOWING:

DEPT. NAME: _____
SUPERVISOR NAME: _____
TELEPHONE #: _____

(Initial) I understand that if federal work-study is awarded it will be part of my total financial aid award.

(Initial) I understand that equal amounts of my current federal aid may be replaced with a federal work-study award.

SIGNATURE: _____ DATE: _____