

MOORPARK • OXNARD • VENTURA
FINANCIAL AID OFFICE

2011-2012 FEDERAL WORK-STUDY FORM

Name: _____ SSN/ID: _____

REQUEST FOR FEDERAL WORK-STUDY(FWS). Check all applicable terms.

Award: ☐ Fall 2011 ☐ Spring 2012 ☐ Summer 2012

If you are a returning FWS student please complete the following:

FWS Job title _____ Hourly Rate \$ _____

Supervisor's name _____ Title _____

Department _____ Extension _____

REQUEST TO CANCEL FEDERAL WORK-STUDY(FWS). Check all applicable terms.

Cancel: ☐ Fall 2011 ☐ Spring 2012 ☐ Summer 2012

REQUEST TO DECREASE FEDERAL WORK-STUDY (FWS)

☐ Fall 2011 ☐ Decrease to \$ _____ (specify amount)

☐ Spring 2012 ☐ Decrease to \$ _____ (specify amount)

☐ Summer 2012 ☐ Decrease to \$ _____ (specify amount)

The person signing this form certifies that all the information reported on it is complete and correct.

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

☐ Approved ☐ Denied

By: _____

Date: _____

VENTURA COUNTY COMMUNITY COLLEGE DISTRICT

