

# MOORPARK • OXNARD • VENTURA

## FINANCIAL AID OFFICE

### FEDERAL WORK-STUDY FORM

Name: \_\_\_\_\_

SSN/ID \_\_\_\_\_

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

**Award:** ☐ Fall \_\_\_\_\_ ☐ Spring \_\_\_\_\_ ☐ Summer \_\_\_\_\_

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 \_\_\_\_\_ ☐ Spring \_\_\_\_\_ ☐ Summer \_\_\_\_\_

#### REQUEST TO DECREASE FEDERAL WORK-STUDY (FWS)

☐ Fall \_\_\_\_\_ ☐ Decrease to \$ \_\_\_\_\_ (specify amount)

☐ Spring \_\_\_\_\_ ☐ Decrease to \$ \_\_\_\_\_ (specify amount)

☐ Summer \_\_\_\_\_ ☐ 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

