

MOORPARK • OXNARD • VENTURA FINANCIAL AID OFFICE

FEDERAL WORK-STUDY FORM

Student's Name _____

Student 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 INCREASE FEDERAL WORK-STUDY (FWS)

☐ Fall _____ ☐ Increase to \$ _____ (specify amount)

☐ Spring _____ ☐ Increase to \$ _____ (specify amount)

☐ Summer _____ ☐ Increase to \$ _____ (specify amount)

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

