APPLICATION FOR STUDENT ASSISTANCE  
UNDER THE FEDERAL WORK-STUDY PROGRAM

1. Legal name of Business/Organization: ________________________________

2. FEIN: __________________________
   Address: ____________________________________________________________
   number and street   city   state                      zip code
   Chief Officer of Business/Organization: ________________________________
   name    title
   Contact person for Work-Study: _______________________________________
   name    title   email address
   Telephone number: (       )         -            Fax Number: (       )         -

3. Purpose and/or objectives of your Business/Organization: ________________________________
   ___________________________________________________________________
   ___________________________________________________________________

4. Name of department or unit, if this application is solely on behalf of a particular department or unit of a large, multi-departmental or multi-unit Business/Organization:
   ___________________________________________________________________

5. Legal status of Business/Organization (e.g., for-profit organization, non-profit corporation, municipal corporation, special purpose district, county agency, private non-profit association, private trust, etc.):
   ___________________________________________________________________

6. Is the Business/Organization exempt from federal income tax? __________________________
   If yes, please provide a copy of your 501(c).

   (In the case of privately controlled organizations, please attach a statement of tax exempt status from the Internal Revenue Service.)

   List all sources of financial support for your Business/Organization:
   ___________________________________________________________________
   ___________________________________________________________________

7. Number of employees in the Business/Organization: Full-time _________ Part-time _________
8. Number of Work-Study students requested: ________

9. Indicate quarter/s for which you are applying for student assistance:

☐ Summer  ☐ Fall  ☐ Winter  ☐ Spring

10. Suggested hourly pay rate (must meet State Minimum of $8/hr): $_____________

11. Description of proposed duties for student employees: Attach additional page if needed

____________________________________________________________________________________

12. Work location: _____________________________________________________________

13. What academic/educational major is relevant to this position? ______________________

14. Describe supervision given student/s by the Business/Organization, including the name and title of the supervisor:

___________________________________________________________________________________

___________________________________________________________________________________

I certify that the information given on this application is true and correct to the best of my knowledge, that the Business described herein is for profit, or that the Organization described herein is non-profit, and that any student worker/s provided by the University of California in connection herewith will not be permitted to engage in any form of political activity in their employment under this program.

Business/Organization Officer:

________________________________________  ________________________________
Signature     Date

________________________________________  ________________________________
Name (please type or print)   Title

Return to: Financial Aid & Scholarships
            Work Study
            University of California
            One Shields Ave.
            Davis, CA 95616-8596