

## FEDERAL WORK-STUDY ACCEPT OR DECLINE 2021-2022

Do not complete this form if you have not received a financial aid award letter indicating you have received a Federal Work-Study award.

CF ID No.:			
Legal Name:	201		
Last First	Mide	dle (complete)	Jr., etc.
<b>FEDERAL WORK-STUDY</b> : Work-Study eligibility is based on established financial need and enrollment in a degree or eligible certificate program. Students should be enrolled at least halftime. Jobs are located on campus and the student's work schedule is arranged around the student's class schedule. Work-Study awards cannot be used to defer fees since the award is earned during the period of enrollment. Funding for this program is extremely limited. Students work an average of 15 hours per week and are paid the minimum wage for the State of Florida.			
SECTION A. Check whether you accept or decline to	his award.		
☐ I ACCEPT Federal Work-Study. (If you accept Federal Work-Study, please complete Section B below.)			
☐ I DECLINE Federal Work-Study.			
SECTION B. Please list any skills and work experience.			
CF Academic Program:	Projected Grad	uation Date:	
Telephone No.:			
Indicate times of day you would be available to work:   Morning Afternoon Evening			
Indicate Skills:			
	omputer/word processing	☐ Technical PC know	vledge
☐ Typing Words per minute ☐ Working with public ☐ Tutoring in			
Typing words per immute	ig with public Tutolin	List subject area	
List any other skills or work experiences:			
Requested Campus:	Requested Work Area(s):		
Student Signature	Date: MM/DD/Y	<u>Y</u>	
For office use only.  Comments and Date Reviewed:			

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