



**FEDERAL WORK-STUDY  
ACCEPT OR DECLINE  
2023-2024**

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:** \_\_\_\_\_  
Last First Middle (complete) Jr., etc.

**FEDERAL WORK-STUDY:** 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 this 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 Graduation Date: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Indicate times of day you would be available to work:  Morning  Afternoon  Evening

Indicate Skills:

Filing  Answering telephone  Computer/word processing  Technical PC knowledge  
 Typing \_\_\_\_\_ Words per minute  Working with public  Tutoring in \_\_\_\_\_  
List subject area

List any other skills or work experiences:

Requested Campus: \_\_\_\_\_ Requested Work Area(s): \_\_\_\_\_

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date: MM/DD/YY

**For office use only.**

Comments and Date Reviewed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_