



**DARE TO DO MORE**

## 2024-2025 FEDERAL WORK-STUDY REQUEST

(PLEASE PRINT CLEARLY)

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EMPL ID:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**LaGuardia E-mail:** \_\_\_\_\_

I am requesting to be considered for the Federal Work-Study Program for the Fall 2024-Spring 2025 academic year. I understand that there is no guarantee of receiving the FWS awards and it will be based on my FAFSA application information and any other aid that I may have been awarded.

☐ **First time** (Never worked before under FWS program)

☐ **Continuing** (Previously worked under FWS program)

☐ **Request for additional FWS funds** (Availability of additional funds is limited and based on financial need and academic status)

**Please submit completed form to [FWSJobs@lagcc.cuny.edu](mailto:FWSJobs@lagcc.cuny.edu)**

**Student's Signature** \_\_\_\_\_

### FOR OFFICIAL USE ONLY

FAFSA on file: Yes: ☐ No: ☐

Enrolled 6 credits or more: Yes: ☐ No: ☐

Meets SAP: Yes: ☐ No: ☐ GPA: \_\_\_\_\_

Has Financial Need: Yes: ☐ No: ☐

**Accepted by:** \_\_\_\_\_

**(Initials)**

**Date:** \_\_\_\_\_

COA: \_\_\_\_\_

EFC: \_\_\_\_\_

FA Awarded: \_\_\_\_\_

Unmet Need: \_\_\_\_\_

Prior FWS Job: \_\_\_\_\_ Amount Awarded: \_\_\_\_\_ Term: \_\_\_\_\_

Comments: \_\_\_\_\_

**FWS Administrator:** \_\_\_\_\_ **(Initials)** **Date:** \_\_\_\_\_

Address: 31-10 Thomson Avenue  
Long Island City, NY 11101

Phone: 718-482-7200  
Web: [www.laguardia.edu](http://www.laguardia.edu)

