



DARE TO DO MORE

2023-2024 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 2023-Spring 2024 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

Student's Signature _____

FOR OFFICIAL USE ONLY			
FAFSA on file: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Enrolled 6 credits or more: Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
Meets SAP: Yes: <input type="checkbox"/> No: <input type="checkbox"/> GPA: _____	Has Financial Need: Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
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

