

SUNY DOWNSTATE MEDICAL CENTER
Office of Financial Aid
450 Clarkson Avenue, Box 110
Brooklyn, NY 12203
(718) 270-2488

**FEDERAL COLLEGE WORK-STUDY
ACCOUNT BALANCE FORM 2009-2010**

Please use this form to keep track of your College Work-Study award balance. To begin, list your original Award in the award column. With each paycheck thereafter, deduct the gross amount of your paycheck from your original Award amount. When you get to within \$500 and you would like to continue in the College Work-Study program, you must contact the Office of Financial Aid to review your eligibility for an increase of your College Work-Study award. **Otherwise, you will not be paid beyond your original College Work-Study award.** *If receive an award increase please be sure to include it on the account balance form.*

ORIGINAL AWARD AMOUNT	PAY PERIOD	GROSS AMOUNT OF PAYCHECK	BALANCE
Example: \$2000	03/19/09 – 04/01/09	\$175	\$1825
	04/02/09 – 04/15/09		
	04/16/09 - 04/29/09		
	04/30/09 – 05/13/09		
	05/14/09 – 05/27/09		
	05/28/09 – 06/10/09		
	06/11/09 – 06/24/09		
	06/25/09 – 07/08/09		
	07/09/09 – 07/22/09		
	07/23/09 – 08/05/09		
	08/06/09 – 08/19/09		
	08/20/09 – 09/02/09		
	09/03/09 – 09/16/09		
	09/17/09 – 09/30/09		
	10/01/09 – 10/14/09		
	10/15/09 – 10/28/09		
	10/29/08 – 11/11/09		
	11/12/09 – 11/25/09		
	11/26/09 – 12/09/09		
	12/10/09 – 12/23/09		
	12/24/09 – 01/06/10		
	01/07/10 – 01/20/10		
	01/21/10 – 02/03/10		
	02/04/10 - 02/17/10		
	02/18/10 - 03/03/10		
	03/04/10 - 03/17/10		
	03/18/10 - 03/31/10		