SUNY Downstate Medical Center
COLLEGE WORK-STUDY PROGRAM APPOINTMENT FORM

TO BE COMPLETED BY STUDENT:

NAME:                        LAST                       FIRST     M.I.                                  SS#
(Print or Type)

Street Address: __________________________________________  Home Phone#: (     ) ________________________________

City/State: ____________________________________________  Zip code: ________________

Sex:   M [   ]         F [   ]  Date of Birth: ______/_____/_______ (mm/dd/yy)

Ethnicity:  African-American ______  Hispanic/Latin-American _____  Asian-American _____  American Indian _____
Caucasian/White ______  Other _____

Expected Graduation Date: _____________________________

CHECK ALL THAT APPLY:

[ ] Previously on work-study for _________________________
[ ] New –first time using work-study at SUNY Downstate  [ ] Changing Employer
[ ] 06/07   [ ] 07/08 [ ] 08/09

Were you employed through the fws program at another CUNY or SUNY school? ___(Y) ___ (N)

[ ] Adding a second employer  Name of first employer and department: ______________________________________________

TO BE COMPLETED BY THE OFFICE OF FINANCIAL AID:

Appointment Date:          /              /              Appointment from:            /                 /
(1st day of work)           (mm        dd              yy)       Period to:              /                 /
Appointment Type:  S [   ]        R [   ]

Amount of Work-Study Award: $__________________  Hourly Rate: $__________________  Line #:
(If previously on work-study)

Approved by: ________________________________  Date:

Signature: ________________________________

HOME/FINAID/CWSTUDY/FSAPTFRM Last updated 0720/09