

SUNY Downstate Medical Center
COLLEGE WORK-STUDY PROGRAM APPOINTMENT FORM

TO BE COMPLETED BY STUDENT:

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

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

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

Approved by: _____ Date: _____

Signature: _____