



# SUNY DOWNSTATE MEDICAL CENTER

## 2017-2018 Federal Work Study Request Form

Student Name: \_\_\_\_\_

ID#: \_\_\_\_\_

Requested Amount	Start Date: MM/DD/YY

**[Federal workstudy positions](#) are available online.**

### **CHECK ALL THAT APPLY:**

New –first time using work-study at SUNY Downstate

Changing Employer

Previously on work-study for: 17/18 16/17 15/16 or before enter the year \_\_\_\_

Were you employed through the FWS program at another CUNY or SUNY school?

Yes                  No

**I understand that I cannot begin working until all employment forms are completed and submitted to the Financial Aid Office.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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### Financial Aid Office use only:

Prior Requests? \_\_\_\_

Approved: \_\_\_\_

Denied: \_\_\_\_

Staff Initials: \_\_\_\_\_

Comments:

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