



SUNY DOWNSTATE MEDICAL CENTER

2018-2019 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

Financial Aid Office use only:

Prior Requests? ____

Approved: ____

Denied: ____

Staff Initials: _____

Comments:

[Office of Student Financial Aid](#)
450 Clarkson Avenue Box 110
Brooklyn, NY 11203-2098
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Fax: (718) 270-7592
Financialaid@downstate.edu