APPLICATION FOR STUDENT ASSISTANCE
UNDER THE FEDERAL WORK-STUDY PROGRAM

1. Legal Name of Business/Organization: ____________________________________________

   FEIN: __________________________

   Address: ________________________________________________________________
   number and street city state zip code

   Chief Officer of Business/Organization: _________________________________________
   name title

   Contact person for Work-Study: ________________________________________________
   name title email address

   Telephone number: (____) - __________________ Fax Number: (____) - ____________

2. Purpose and/or objectives of your Business/Organization: ____________________________

   ____________________________________________________________

   ____________________________________________________________

3. Name of department or unit, if this application is solely on behalf of a particular department or unit of a large, multi-departmental or multi-unit Business/Organization:

   ____________________________________________________________

4. Legal status of Business/Organization (e.g., for-profit organization, non-profit corporation, municipal corporation, special purpose district, county agency, private non-profit association, private trust, etc.):

   ____________________________________________________________

5. Is the Business/Organization exempt from federal income tax? __________________________
   If yes, please provide a copy of your 501(c).

   (In the case of privately controlled organizations, please attach a statement of tax exempt status from the Internal Revenue Service.)

   List all sources of financial support for your Business/Organization:

   ____________________________________________________________

   ____________________________________________________________
6. Number of employees in the Business/Organization: Full-time ________ Part-time ________

7. Number of Work-Study students requested: ________

8. Indicate quarter/s for which you are applying for student assistance:
   - [ ] Summer
   - [ ] Fall
   - [ ] Winter
   - [ ] Spring

9. Suggested hourly pay rate (must meet state minimum of $8 per hour): $___________

10. Description of proposed duties for student employees: (Attach additional page(s) if needed)

   ________________________________________________________________
   ________________________________________________________________

11. Work location: ________________________________________________________

12. What academic/educational major is relevant to this position? __________________________

13. Describe supervision given student/s by the Business/Organization, including the name and title of the supervisor:

   ________________________________________________________________
   ________________________________________________________________

I certify that the information given on this application is true and correct to the best of my knowledge, that the Business described herein is for profit, or that the Organization described herein is non-profit, and that any student worker/s provided by the University of California in connection herewith will not be permitted to engage in any form of political activity in their employment under this program.

Business/Organization Officer:

______________________________          ______________________________
Signature                          Date

______________________________          ______________________________
Name (please type or print)        Title

Return to: Student Employment Center
University of California
One Shields Avenue
Davis, CA 95616-8596

Admin\WebChanges\WSApplication 3/2011