

Application for Student Assistance under the Work-Study Program

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: _____

Purpose and/or objectives of your Business/Organization:

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:

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.):

Is the Business/Organization exempt from federal income tax? Yes No
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:

Number of employees in the Business/Organization: Full-time _____ Part-time _____

Number of Work-Study students requested: _____

Indicate quarter(s) for which you are applying for student assistance:

Summer Fall Winter Spring

Suggested hourly pay rate (must meet State Minimum of \$11/hr): \$_____

Description of proposed duties for student employees. Attach additional page if needed. Submit job or position description if available.

Work location: _____

What academic/educational major is relevant to this position? _____

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: Financial Aid Dept. – Work Study
University of California
One Shields Ave.
Davis, CA 95616-8596