

## 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): \$ \_\_\_\_\_

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