



**2025 - 2026
Federal Work-Study (FWS) Application**

Student's Name: _____ Returning FWS New FWS

Address: _____ City: _____ State: _____

Home Phone: _____ Cell Phone: _____

SVCC Email Address: _____ Student ID #: _____

Program of Study: _____

Which semester are you applying for? **(Applicant must apply each semester!)** Fall 2025 Spring 2026

Have you enrolled in a minimum of **six credits** for the semester in which you're applying? Yes No

Have you submitted the **2025-2026 FAFSA**? Yes No

Federal Work-Study Position in which you're applying: _____

Office or Department of Federal Work-Study Position: _____

Work Experience: Please list prior work experience below, starting with your most recent position.

Employer	Position	Dates of Employment	Supervisor's Name & Phone #

Knowledge, Skills, and Abilities: Please list any job-related skills or qualifications below.

What **days and hours** are your available to work? **(FWS students work 10-20 hours each week.)**

	Monday	Tuesday	Wednesday	Thursday	Friday
A.M.					
P.M.					

****Please attach a copy of your class schedule for the semester in which you are applying.***

FWS Notes:

Federal Work-Study (FWS) is a need-based program and part of your financial aid package. You **MUST** submit the **FAFSA** each year, and complete all **To Do List** items in your **mySVCC Student Services Center** to determine eligibility.

- Completion of FWS Application **does not** guarantee program eligibility or placement in a FWS position.
- The **FWS Program is flexible** and allows students the opportunity to work around their class schedule while on campus.
- The number of work hours assigned is **10-20 hours each week at \$12.41 per hour**, while classes are in session.
- You **must** be enrolled in **at least six credit hours** in a **financial aid-eligible program** while employed as a FWS student at SVCC.
- You must be meeting **Satisfactory Academic Progress (SAP)** standards as defined by the U. S. Department of Education to be eligible for a work study position at SVCC.

Agreement: *By submitting this application, it will be stated that the facts set forth in it are true and complete. You understand that if you are accepted as a worker, any false statements, omissions, or other misrepresentations made by you on this application may result in your immediate dismissal.*

Student's Physical Signature (*First & Last names*)

Student ID

Date

Supervisor's Only:

Before completing this section, please ensure that the student has completed **each section** and **physically signed** the application. Incomplete applications will be returned. **Send all completed applications received to Karen Wilhelm in the Financial Aid Office. Students are not permitted to work until the supervisor receives notification by the Human Resources Office of their beginning date.**

_____ **Yes**, I wish to hire this student as a FWS student. _____ **No**, I do not wish to hire this student.

_____ **Number of hours** this student is needed each week. **(10, 16, or 20)**

*** Students should work at least 10 hours each week!**

Supervisor's Printed Name

Supervisor's Physical Signature

Date

Financial Aid Office:

The Financial Aid Office approves _____ as a FWS student, for a

maximum of _____ hours each week at \$12.41 per hour for the current semester. FWS students **cannot**

exceed their approved weekly hours and only work when classes are in session.

Karen Wilhelm

Financial Aid Specialist

Date