

Work-Study Request 2020-2021

Name:	_____		
Date of Birth:	_____	MSU Denver ID:	_____
E-mail:	_____	Phone Number:	_____
I affirm that I have read, understood, and agreed to this form in its entirety and that the information supplied is true and complete.			
Student Signature	_____	Date:	_____
Supervisor Signature	_____	Date:	_____

Both student and supervisor must sign this form in the above section.

- ✓ A **FAFSA** and completed financial aid file for the academic year are required to be considered for all Federal and State work-study funds, including No-Need State awards.
- ✓ ASSET students may be considered for work-study funding with a completed financial aid file based on a submitted DAIA form.
- ✓ We may reduce offered loans to qualify you for work-study if the loans have not yet been accepted.
- ✓ **IMPORTANT:** If you do not show earnings after the 3rd payroll of a semester or 6 weeks from the time your award was accepted, whichever occurs later, any work-study award may be cancelled.

Enrollment & Eligibility:

The minimum enrollment requirement for work-study eligibility is part-time (**3 credits for Graduate students and 6 for Undergraduates**). Awards will not be posted until you are registered part-time and all other eligibility requirements have been satisfied for **Fall and Spring 2020-2021**.

Work-study eligibility requirements can be reviewed on our website as follows:

- **Undergraduates** - <https://msudenver.edu/financialaid/undergraduate/typesofaid/work-study/>
- **Graduate students** - <https://msudenver.edu/financialaid/graduate/typesofaid/work-study/>

Supervisor:

I realize that without a work-study award confirmation from the Office of Financial Aid and Scholarships, this student is not eligible to work in a work-study position.

Student earned work-study in **2019-20** Student **DID NOT** earn work-study in **2019-2020**

I want to employ this student for: **Fall 2020** **Spring 2021**

Helpful Exercise: Typical Term Award: \$3,000 ÷ Hourly Rate: _____ ÷ 20 Weeks: _____ = Weekly Work Hours

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Supervisor's Printed Name: _____

Position/Title _____ Department/Office _____

Supervisor E-mail _____ Phone _____

Student:

I understand and agree that:

- ✓ Work-study funds are limited, and I may not receive a work-study award
- ✓ I may not work until I have an award accepted by the Office of Financial Aid and Scholarships and all paperwork is approved by the Human Resources Office
- ✓ Colorado Need-Based and No-Need work-study may not be used for off campus employment
- ✓ If I receive outside resources my work-study may be reduced or canceled
- ✓ If I drop my enrollment to less than part-time (3 credits for a graduate student or 6 for an undergraduate) I will not be eligible to earn work-study for the semester

Still looking for a job?

- Search for on campus job opportunities on the Student Employment page at: <https://msudenver.edu/se/>

Office Use Only Box: <input type="checkbox"/> Pkg. Req. <input type="checkbox"/> Required Credits <input type="checkbox"/> SAP <input type="checkbox"/> Resident
<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> No-Need <input type="checkbox"/> Inst \$ _____ Date _____ Initials _____