



Community & Technical College

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Student Financial Aid Office
121 Oswald Bldg / 470 Cooper Dr.
Lexington, KY 40506-0235
859-246-6300 phone
859-246-4698 fax

Federal Work-Study Request

The Federal College Work-Study Program (FWS) provides jobs for students with financial need, allowing them to earn money to help pay education expenses. The program encourages community service work and work related to your course of study whenever possible. FWS wages are \$8.00 per hour paid in arrears on the 15th and 30th of each month. Your total FWS award depends on when you apply, your level of need, and the FWS Program funding for the current academic year.

If you wish to participate in the FWS program for the 2014-2015 academic year, please complete the information below and return this form to the BCTC Financial Aid Office. After receiving your request the Financial Aid Office will process your eligibility and forward you additional information regarding FWS. FWS funds are limited and awarded on a "first-come first-served" basis. Once funds have been exhausted no additional awards will be awarded. If you have any questions regarding your financial aid please contact the Financial Aid Office at 855-246-2477.

Student's Name: _____ Student ID No: _____

How many hours per week you wish to work: 20 – 15 14 - 10 less than 10

The campus you would like to work at: _____

If needed, do you want your Federal Student Loan reduced to award Federal Work-Study?

NO (note: if no, we may not be able to award you). YES

Have you previously participated in the Federal Work-Study program? .

NO YES If yes when did you work (i.e. 2010 Fall) _____

STUDENT CERTIFICATION: I wish to participate in the Federal Work-Study program. I understand that the Financial Aid Office reserves the right on behalf of BCTC and criteria established by the U.S. Department of Education to review, change and cancel an award at any time because of changes in financial and/or academic status. If I purposely give false or misleading information on any financial aid documents, I may be fined, sentenced to jail or both.

Signature: _____ Date: _____

Return complete form to: **Financial Aid Office**
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