STUDENT’S NAME: ________________________________________  X#________________________

The undersigned student has been authorized for a Federal Work-Study Program Grant for the period of July 1, 2017 to June 30, 2018, or until the grant is earned, whichever comes first. The student understands that he/she will be responsible for maintaining a record of earnings, as earnings cannot exceed the grant amount in their Financial Aid Award Letter. Students should monitor their earnings on their St. John’s University UIS account at www.stjohns.edu. The student also understands that this amount is subject to adjustment due to changes in other financial aid or changes in circumstances. It is St. John’s University Policy that the student must maintain a GPA of 2.0 or better, complete 12 credits per semester and maintains good judicial standing to participate in the program. He/she will notify the Office of Student Financial Services of a change in status from full-time study or any change of name or address.

The student hereby states that he/she has accepted enrollment for the next period of enrollment after this form is signed. He/she understands that it is a federal regulation that employment during a period of nonattendance (i.e. Summer), a student must be planning to enroll (or to reenroll) for the next period of enrollment and must have demonstrated financial need for that period of enrollment.

Please note: Federal College Work Study funding is not automatically renewable subject to federal allocation levels. Earnings from Federal College Work Study are paid directly to the student and are not deducted from a student’s bill.

The student’s responsibilities are to work a minimum of 10 hours a week with a maximum of 20 hours while in school. Many positions require you to work evenings, weekends and full-time during school breaks when necessary and you may be called upon to represent the university during school events. A general description of duties would be typing, data entry, handling phone inquiries, mailings, filing, faxing, and copying. This position pays $11.00 per hour.

In addition, the student hereby makes the following “Statement of Educational Purpose:"

By signing this agreement you certify that you (1) will use federal and/or state student financial aid only to pay the cost of attending an institution of higher education, (2) are not in default on a federal student loan or have made satisfactory arrangements to repay it, (3) do not owe money back on a federal student grant or have made satisfactory arrangements to repay it, (4) will notify your school if you default on a federal student loan, and (5) will not receive a Federal Pell Grant for more than one school for the same period of time.

________________________________________________________   DATE____________________

STUDENT’S SIGNATURE