

FINANCIAL AID WORK-STUDY REQUEST

Academic Year 2021-22 (May 18th 2021 through May 15th, 2022)

MHSL ID	: Name	e:		
[DO YOU HAVE A COMPLETED 202	1-22 FAFSA ON FILE?		
ľ	NO? STOP AND COMPLETE THE F	AFSA BEFORE PROCEEDING		
١	YES? CONTINUE WITH REQUEST F	FORM.		
s this a w	ork-study job continuing from 20	020-21? NO YES		
s this a re	equest to add a second work-stud	dy job in 2021-22? NO YE	5	
low much do you plan to earn?			(initial award up to \$4,000 or	n campus, \$6,000 off campus)
Work-st	tudy job details:	☐ On-Campus *	☐ Off-Campus **	
F	Position			
F	Faculty/MHSL Department*			
(Organization Name **			
ı	mmediate Supervisor**			
S	Supervisor Email Address**			
A	Anticipated Start Date			
understa F	that work-study eligibility be incomed and that I have the following reservior to my first day of employmed pepartment, room 274 in the LECOME cannot begin off campus emploomed HR will contact you when all document agree to approve my hours in the accept responsibility for tracking	ponsibilities: ent, I agree to complete ne Building HR@mitchellham yment until the school has iments have been received e Kronos timekeeping syste	ew hire paperwork with the Scho line.edu. received a signed contract from em each pay period even if I hav	the outside organization. e no hours to submit.
I a	Messages tab in Financial Aid por accept responsibility to notify my notify my supervisor if I withdraw	tal. Please note, the Financi immediate supervisor as n	cial Aid portal will always be at le ny earnings approach my work-s	east one pay period behind. I tudy award limit and agree to
• 1	agree to notify Financial Aid wor	rkstudy@mitchellhamline.e	du within 3 days of any changes	to my employment status.
Stude	ent Signature (not typed)	Print N	ame	Date
Office of	nis completed form to: Financial Aid I Mitchell Hamline 10-6403 f: 651-290-6437 e: wo			i-3076

Office Use Only: