

FINANCIAL AID WORK-STUDY REQUEST

Academic Year 2020-2021 (May 13th 2020 through May 17th, 2021)

| | D: Nam | e: | | |
|----------|--|----------------------------|---------------------------|--|
| YOU MU | JST HAVE A 2021-22 FAFSA ON FI | LE TO BE WORK-STUDY | ELIGIBILE IN 2021-22. | |
| s this a | work-study job continuing from 2 | 2020-21? NO | YES | |
| s this a | request to add a second work-stu | ıdy job in 2021-22? | NO YES | |
| How mu | uch do you plan to earn? | | (initial award up | o to \$4,000 on campus, \$6,000 off campus) |
| Work- | study job details: | ☐ On-Campus * | ☐ Off-Campu | s ** |
| | Position | | | |
| | Faculty/MHSL Department* | | | |
| | Organization Name ** | | | |
| | Immediate Supervisor** | | | |
| | Supervisor Email Address** | | | |
| • | Department, room 274 in the LE I can not begin off campus empl HR will contact you when all doc | oyment until the school | | ntract from the outside organization. |
| • | · | | | even if I have no hours to submit. |
| • | tab in Financial Aid portal. Furth | er, I accept responsibilit | y to notify my immediate | poility. Earnings are posted on the Message e supervisor as my earnings approach my raduate from MHSL, or if I request the |
| • | I agree to notify Financial Aid wo | orkstudy@mitchellhamli | ne.edu within 3 days of a | any changes to my employment status. |
| Stu | dent Signature (not typed) | Pri | nt Name | Date |
| Office o | this completed form to: f Financial Aid Mitchell Hamlir 290-6403 f: 651-290-6437 e: fi | | | MN 55105-3076 |

Office Use Only: _____