

Hawkeye Community College

2024-2025 WORK STUDY OFFER REQUEST

Student Name: _____ Student ID Number: _____

1. Are you ONLY completing this Request to confirm eligibility for State Benefits (i.e. SNAP) and do NOT plan to work?
NO
YES

Note: Work study funds will NOT be included on your Offer Letter so those funds can be awarded to working students. Your eligibility letter will be emailed to your Hawkeye email for you to provide to the State Agency.

2. Have you ever had work study before at Hawkeye?
NO
YES Please indicate the most recent semester worked _____
Name the department in which you were employed _____
Will you be returning to the same job? Yes No

3. Do you already have a work study job, approved by the supervisor, ready to hire you?
NO
YES What department and/or who is the supervisor? _____

4. Are you willing to have your financial aid package (loans) adjusted in order to receive work study? (So if you have to choose between loans and work study, do you choose work study?)
NO
YES

Note: If you mark yes, your (loans) will automatically be decreased and you will need to contact us if you do not want work study and want your loans increased back to original offer. The maximum we reduce an award is \$6000 per year (\$3000 per semester). If you are only willing to reduce by a specific amount less than \$6000, please specify the maximum amount of loans to be reduced \$ _____

5. Can we give your information to supervisors who request students that have been awarded work study funds so they may contact you about an open position?
NO
YES

Priority is given to returning students. You will be notified via Hawkeye email of the results.
If offered funds, it will automatically be for BOTH semesters (Fall/Spring), unless you are starting in the Spring. No work study is awarded for Summer, unless funding is available.

If you do NOT want to work a semester or want to reduce your work study award, please contact our office

Student Signature: _____ Date: _____

OFFICE USE ONLY

*If UNEED is "0" and student declines to have loan(s) reduced, student is not eligible for FWS.

ISIR

SAP Status Eligible

Verification Comp

_____ Current Enrollment (credits)

Awarded FSA

\$ _____ UNEED

Returning

New

\$ _____ Amount Loans Reduced

\$ _____ FWS Award Amount

FWS Offer Email Sent:

Nondiscrimination Statement: Hawkeye Community College does not discriminate on the basis of sex; race; age; color; creed; national origin; religion; disability; sexual orientation; gender identity; genetic information; political affiliation; or actual or potential parental, family, or marital status in its programs, activities, or employment practices. Veteran status is also included to the extent covered by law. Any person alleging a violation of equity regulations shall have the right to file a formal complaint. Inquiries concerning application of this statement should be addressed to: Equity Coordinator and Title IX Coordinator for employees, 319-296-4405; or Title IX Coordinator for students, 319-296-4448; Hawkeye Community College, 1501 East Orange Road, P.O. Box 8015, Waterloo, Iowa 50704-8015; or email equity-titleix@hawkeyecollege.edu, or the Director of the Office for Civil Rights U.S. Department of Education, John C. Kluczynski Federal Building, 230 S. Dearborn Street, 37th Floor, Chicago, IL 60604-7204, Telephone: 312-730-1560 Facsimile: 312-730-1576, TDD 800-877-8339 Email: OCR.Chicago@ed.gov.

Hawkeye Community College Financial Aid Office, 1501. E. Orange Road, PO Box 8015, Waterloo, IA 50704-8015

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