

**APPLICATION FOR STUDENT ASSISTANCE
UNDER THE FEDERAL COLLEGE WORK-STUDY PROGRAM**

Please print neatly or type

Legal name of organization: _____

Address: _____
(No. & Street) (City) (State) (Zip)

Chief Officer of organization: _____
(Name) (Title)

Work-Study Supervisor: _____

Phone # () _____ Email address: _____

1. State the purpose and/or primary activity of this organization: _____

2. Name of unit or department if this application is solely on behalf of a particular unit or department of a large multi-department or multi-unit organization:

3. Legal status of organization (e.g., non-profit corporation, municipal government, special purpose district, county-state-federal agency, private non-profit association-trust):

4. Is the organization exempt from federal and/or state income tax? Yes No
Please attach evidence of tax-exempt status, e.g. IRS/State Franchise Tax Board letter(s) or Articles of Incorporation.

5. How many regular, full-time employees are currently employed by your organization? _____

6. List all sources of financial support for your organization: _____

7. Number of Work-Study students requested: _____

8. Suggested hourly pay rate (Must be at least California minimum wage): \$ _____
(OVER)

9. Major Job duties of student employee(s). You must also attach a detailed job description for each position you are hiring for:

10. Where exactly will the student(s) work? _____

11. How many organization employees other than full time and/or work-study students, do you now have working at each location indicated in #10 above? _____

12. Please describe the supervision given to students by this agency, including the name and titles of supervisors:

Supervisor Name

Title

I certify that the information given above is true and correct to the best of my knowledge; that the organization described above is a non-profit organization; and that any student worker(s) provided by the University of California in connection herewith will not be permitted to engage in any form of political or religious activity in their employment under this program, and is not knowingly employed to displace or replace any regularly employed agency staff person; and that the required liability insurance coverage, naming the University as "additional insured," are in effect.

Billing Address:

Organization Officer:

Signature

Date

Print Name

Title

FAX number