



University of Colorado Denver

Anschutz Medical Campus

Office of Financial Aid

13120 E. 19th Avenue, Campus Box A088

P.O. Box 6511

Aurora, Colorado 80045

2008-09 Work-Study Request Form

Mail this form to the above address or FAX to 303.724.8048

Student Name: _____ Student ID #: _____
Degree/Major: _____ Year at UCDAMC: _____

Important reminders

- You must complete the FAFSA; UAPP & Verification Worksheet and this form to be considered for work-study.
- Please allow 2 – 3 weeks for processing of this application. Students will be notified via e-mail when the request has been processed.
- Go to the Student Employment website (www.ucdhsc.edu/admin/studentfinancialservices/studentemployment/) to find an on-campus or off-campus job and complete the required payroll documents.

1. Indicate the total amount of work-study funds you are requesting for the 2008-2009 Academic Year:

\$ _____ **

2. Select the semester(s) you want work-study funds awarded for:

Summer*: _____ Fall: _____ Spring: _____

3. Do you authorize the UCD Financial Aid Office to reduce your loans to cover the requested work-study amount if necessary?

YES or NO

* Students not enrolled in Summer Semester must enroll in the Fall Semester to receive work-study funds during the summer.

** The amount requested is divided equally between all semesters. Students who do not indicate an amount will be awarded the standard amount of \$3,600.

CERTIFICATION

I certify that all of the information on this form is true and complete to the best of my knowledge. I understand that if the information I provide changes, I must notify the UCD Financial Aid Office immediately and I understand my Financial Aid Award may be revised. I also understand that approval of this request does not assure approval of a similar future request, and that any financial assistance offered may be restricted by the availability of funds in any given year.

Student Signature

Date

For use by UCD Anschutz Medical Campus Financial Aid Office

Approved / Denied

Amount: \$ _____

Date: _____

Advisor: _____