

## Office of Student Financial

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 $\underline{Email: \textbf{financialaidweb@cambridgecollege.edu}}$  $Website: \underline{www.cambridgecollege.edu/financial-aid}$ 

## Work Study Request Form (Please use black or blue ink to complete this form)

Student First Name	M.I.	Last Name	ID Number	
by completing and subr	mitting this form to ademic year is \$5,0	the Office of Stude	djust your original award, you may do so nt Financial Aid. The maximum Work ved, you may apply for a work study job	
You must also meet the	requirements listed	d below:		
<ul><li>Enrolled at le</li><li>Must have un</li></ul>	ast half-time (6 or met need	more credit hours)		
Select one in either Se	ction A or Section	<u>B</u>		
SECTION A. To reque	est Work Study, che	ck the academic peri	od below.	
# Fall 201	4 & Spring 2015			
# Fall 201	14			
# Spring 2	2015			
SECTION B. To adjus	st your Work Study,	complete the section	n below.	
Decline th	e entire award			
Reduce the	e entire amount to S	\$		
Reduce Fa	all 2014 \$			
Reduce Sp	oring 2015 \$	-		
submit a loan request for	rm.		d. To apply for additional loans, you must	
By submitting this form	, I certify that all of	the information abo	ove is complete and accurate.	
Student Signature (requi	ired)		Date	