



2015-16 Work-Study Request Form

Fall / Spring Only

Student Name: _____

Student ID #: _____

I attend the:

☐ Cambridge Campus

☐ Lawrence Campus

☐ California Campus

Please indicate the amount of work-study funding you are requesting for each semester.

The standard maximum award for initial requests is \$2500 per semester, and \$5000 for full academic year.

☐ Fall 2015: \$ _____

☐ Spring 2016: \$ _____

Important Reminders:

- This form does NOT guarantee a work-study award.
- To be considered for work-study you must complete the FAFSA, complete and submit any requested documentation by the Financial Aid Office, and have a financial aid award before submitting this form.
- You must be enrolled at least half-time (6 credits for undergraduate and 4 credits for graduate) to be considered for work study
- Must Maintain Satisfactory Academic Progress (SAP)
- For more information on the work-study program and process, please visit the Student Employment website at: <https://www.cambridgecollege.edu/financial-aid/work-study>

Student's Signature: _____ Date: _____

Fax form to: 617-349-3561

Cambridge College Financial Aid Office | 1000 Massachusetts Avenue | Cambridge, MA 02138 | 617-873-0440 Financialaidweb@cambridgecollege.edu