



## EMPLOYER WORK-STUDY REQUEST

Department Name: Financial Aid

Supervisor/Contact Name: Megan Doherty

Email: Megan.Doherty@cambridgecollege.edu

**Office Location should be marked:**

Cambridge, MA

Lawrence, MA

Ontario, CA

**Off Campus Location:**

Total number of students requested: 1

Of that number, how many are returning students? 0

Responsibilities:

Filing

Organizing paperwork

Creating folders/packets

Occasional projects

Special Skills or Qualifications:

Please indicate if there are special hours a student would need to be available or special physical requirements that need to be met: