



UNIVERSITY OF MARYLAND

OFFICE OF STUDENT FINANCIAL AID
Federal Work-Study Program

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College Park, Maryland 20742
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301.314.7017 TTY (for hearing impaired)
301.314.9587 FAX
www.financialaid.umd.edu/FWS
fws-admin@umd.edu

Federal Work-Study Appeal

Please be aware that submitting this appeal does not guarantee admittance into the program or an increase in your FWS award. All decisions are rendered on a case by case basis, taking into consideration student eligibility as well as the availability of program funds. If your appeal is approved, you will receive an e-mail notification. If your appeal is denied, you will receive written notification within two weeks. If you have any questions or need additional information regarding this appeal or the FWS program, please call 301-314-5302.

Student Information

Name: _____ U ID: _____
Local Phone #: _____ Major: _____
Local Street Address: _____
City, State, Zip Code: _____
E-Mail Address: _____

Appeal for Federal Work-Study Funds

Please consider me for a(n): _____ For which Term and Year are you requesting
_____ New Award _____ Increase to Current Award _____ funding?
_____ Fall _____ Spring Year _____

If you are requesting a new award, have you identified a potential employer?
_____ Yes _____ No

If yes, which employer? _____ Have you worked for this employer reviously? _____

If you are requesting an increase to an award, please supply the following:

Hours worked per week: _____
Hourly Wage: _____
Employer: _____

Reason for Appeal: _____

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY:

SFAApp Date: _____ YrInSch: _____ Preference: Y N Previous FWS: Y N

By: Package Appeal Earnings: _____

Recommendations:

Appeal: Approved Denied Total FWS Award: _____ Year: _____ F/S

BPU Complete: _____ MQ Complete: _____ Reviewer: _____ Date: _____