



UNIVERSITY OF MARYLAND

OFFICE OF STUDENT FINANCIAL AID
Federal Work-Study Program

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www.financialaid.umd.edu/fws/
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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. You will receive an e-mail notification within two weeks regarding the outcome of your appeal. If you have any questions or need additional information regarding this appeal or the FWS program, please contact our office at fws-admin@umd.edu or 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 funding?
_____New Award _____Increase to Current Award _____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 previously? _____

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: _____

Aid Preference: ___Y ___N Previous FWS: ___Y ___N

Total Earnings: _____ by PP: _____

Unmet Need: _____

Appeal: ___Approved ___Denied Total FWS Award: _____ Year: _____ F/S

MQ Complete: _____

E-mail Sent: _____

Reviewer: _____

Date: _____