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 email fws-admin@umd.edu

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: ________________
Recommendations:

Appeal: Approved Denied Total FWS Award: ________ Year: ________ F/S
BPU Complete: ______ MQ Complete: ______ Denial E-mail Sent: ______ Reviewer: ______
Date: _________