

**THE JOHN MARSHALL LAW SCHOOL
FEDERAL WORK-STUDY (FWS)
REQUEST FORM**

In order to be considered for a Work-Study award, you must first establish a financial aid package. Then, you are required to submit this request form to the Career Services Office.

Work-Study awards are selectively granted based on whether you are eligible to receive an FWS award in your financial aid package, your place of employment, your school year, prior receipt of an FWS award and any other funding made available to you.

Upon selection, an FWS Award is added to your financial aid package. Selected students become student employees of JMLS, paid at \$12.00 per hour. Earnings are subject to taxes.

You cannot receive an FWS award and Externship Credit for the same position

Student Name: _____
Student ID#: _____ Month / Year Graduation: _____
Agency Name: _____
Job Title: _____
Start Date: _____ End Date: _____
Hours/Week Worked: _____

For Summer FWS only:

Credits Summer Semester: _____ # Credits Fall Semester: _____

Are you employed and receiving wages from John Marshall in any capacity at this time in addition to the above mentioned position? _____ If yes, for whom? _____

Do you expect to receive any other compensation through grants or funding for the above mentioned position? _____ If yes, from what source? _____

Have you previously received funding through the FWS Program for work performed outside of John Marshall? _____ If yes, with what Agency? _____

I certify that all of the information above is correct. I understand that it is my responsibility to inform the Career Services Office immediately if any of the information above changes. This includes, but is not limited to, any additional grants or funding that I am awarded. I understand that this is a REQUEST and therefore, it may be denied.

I understand that if I am selected, an FWS award will automatically be added to my financial aid package in an amount equal to the maximum earnings for my position. I understand that my FWS award will be adjusted at the end of my employment so that it reflects my actual gross earnings. If I receive an FWS award and do not use it within 30 days, it may be cancelled.

X _____ X _____
Student Signature Date

RETURN THIS COMPLETED FORM TO KIM ISEMANN IN THE CSO, ROOM 405