VILLANOVA UNIVERSITY SCHOOL OF LAW
WORK-STUDY APPLICATION

Pease remember to SIGN and return this form to the Villanova Law School Office of Financial Aid.
Fax: 610-519-6597 OR Scan and Email: finaid@law.villanova.edu OR Mail: 299 N. Spring Mill Road, Villanova, PA 19085

In order to qualify for federal work-study, you must meet the following requirements:

1. Complete your financial aid folder and the verification process in its entirety. Work-study funds are limited and awarded to eligible students on a first-come first-served basis until all funds are expended. Applications for summer work-study must be submitted by June 1. Spring work-study applications must be submitted by February 1.

2. You have to have been offered an eligible work-study position at a federal, state or local public agency or private non-profit organization where the work performed is in the public interest.

3. You have to be considered to be making academic progress by Villanova Law School's standards.

4. You have to be considered to be currently enrolled or intending to return to study at the law school. If you decide to transfer or you withdraw, your work-study eligibility will immediately be terminated.

5. You cannot receive work-study funds if:
   a. You are going to receive education credits at Villanova Law School through an externship for this position
   b. You receive a Public Interest Fellowship (PIFP) for this same time period
   c. You will be paid by your employer for this position
   d. You will be paid for working for a professor at the law school or in any other paid capacity within the university for this same time period

6. And further review of your financial aid application will need to be performed before we can determine your eligibility for work-study. We will not be able to provide you with a work-study award until any additional documentation that may be requested is completed and submitted.

If you meet the above requirements, then please complete the information below and return this form to the Office of Financial Aid.

Name:_____ Banner ID#:_____

Employment Semester (Check One): ☐ Summer 20___ ☐ Fall 20___ ☐ Spring 20___

(Please only choose one. Submit separate applications for each semester of interest.)

Expected Start and End Dates:_____

Employment Organization Type (Check One): _____Federal _____State _____Community Service

Expected Total Hours to be Worked per Week:_____

(Maximum Summer Hours: 40; Maximum Academic Year Hours: 20)

Job Description/Duties:_____

_____

Employer Information:

Name of Organization:_____

Name of Supervisor:_____ Title:_____

Street Address:_____

City/State/Zip:_____

Telephone:_____ Fax:_____

Email Address:_____

(Please list the email of whom we should send the work-study contract to be completed.)

Along with this Work-Study Application, you need to complete and submit the following to the Office of Financial Aid. These forms are available on our website.

- ☐ All financial aid forms (i.e. FAFSA Form, and any other documents requested by the Financial Aid Office)
- ☐ W-4 Form
- ☐ 1-9 Form
- ☐ **Original** documentation as described in the I-9 Form instructions

I certify that I have been offered a position with the above employer and that all of the information submitted and related to my application is accurate and complete. If any information changes, I agree to notify the Office of Financial Aid immediately.

Student Signature:_____ Date:_____