

Date \_\_\_\_\_

## Federal Work-Study Appeal Request

I did not receive notification of a Federal Work-Study (FWS) award on my CUNYFirst account for this academic year. I am currently enrolled for at least 6 credits in my division of matriculation and meet the federal guidelines for satisfactory academic progress (SAP - <http://www.brooklyn.cuny.edu/web/about/offices/financial/resources/progress.php>).

### Check the appropriate box below:

I, \_\_\_\_\_, would like to have my financial aid profile reviewed to determine if I can qualify for a Federal Work-Study award for the 2016 - 2017 academic year to obtain a placement with an approved off-campus site.

I, \_\_\_\_\_, would like to have my financial aid profile reviewed to determine if I can qualify for a Federal Work-Study award for the 2016 - 2017 academic year to return to the same 2015-2016 job site. I participated in the Federal Work-Study Program for the 2015 - 2016 academic year.

Name of FWS Supervisor: \_\_\_\_\_ Job Site: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
(Attach an official letter from your 2015-16 FWS supervisor indicating request for your placement at their job site if you will be eligible for a FWS award)

Thank you,

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(EMPL ID)

### Student's Contact Information (Please print neatly):

Home Telephone Number \_\_\_\_\_ Cellular Number \_\_\_\_\_

BC E-Mail Address: \_\_\_\_\_

**Submit the completed form to the Financial Aid Office by U.S. Postal Mail, in person or by using your e-mail address listed on the CUNY Portal.**

**Address:** Brooklyn College  
Office of Financial Aid: Federal Work-Study Program  
2900 Bedford Avenue  
West Quad Center/ Rm. 308  
Brooklyn, NY 11210

**E-mail to:** [fws@brooklyn.cuny.edu](mailto:fws@brooklyn.cuny.edu)

**\* You may contact us at (718) 951-5178 to confirm receipt of your request. You will be notified by e-mail regarding the status of your application.**

### OFFICE USE:

#### Review:

Division/Matriculation Status \_\_\_\_\_ Bill Paid \_\_\_\_\_ \*Credits: Summer \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ SAP \_\_\_\_\_

Cost of Ed. \_\_\_\_\_ - EFC \_\_\_\_\_ = Need \_\_\_\_\_ - Current Aid \_\_\_\_\_ = RN \_\_\_\_\_

Circle if applicable: DD/Scholar Card/Check Decision/Comments \_\_\_\_\_

FWS Award: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Date System Updated \_\_\_\_\_ Initials \_\_\_\_\_

\*Must make sure students are enrolled for 6 credits in their division of matriculation.