

Federal Work-Study (FWS) Appeal Request

Name:	EMPLID:		
You must be able to answer yes to all statements	below to submit an appeal requ	nest for considerati	on of
funding. I acknowledge I have read and understand the basi	ic eligibility requirements for Fe	ederal Work-Study	
			•
2. Registered for and maintain a minimum en	rollment of 6 credits in my divi	sion of matriculation	on
3. Meet Satisfactory Academic Progress (SA)	P) guidelines	_	
 Meet Satisfactory Academic Progress (SAI) Not in default of a student loan or not owe Have no outstanding bill for the current sen 	repayment of any financial aid	funds	
5. Have no outstanding bill for the current set	mester and for prior terms		
I do not have a Federal Work-Study (FWS) award currently enrolled for at least 6 (six) credits in my Satisfactory Academic Progress (SAP).	•		
I, First Name Last N	Vame	would like my f	inancial aid
profile reviewed to determine if I can qualify for a			
I participated in the FWS Program for the prior ac	•	Yes	No
If yes, do you want to return to the same job site?	Circle one	Yes	No
For instructions and to sign up: http://www2.cuny.contact Information:			
Cellular Number	Home Telephone Number		
Email Address listed on CUNY Portal			
Preferred E-mail Address listed on CUNYfirst			
*By submitting the FWS Appeal Request form, Submitting an appeal request for FWS funds do be sent to you should funds become available at Signature_ Requests must be submitted by email to: Heidi.Ng	oes not guarantee you will rec nd a decision has been made c	eive an award. A	n email will
Office Use:			
Review: Direct Deposit Division of Matric	culation Credits	SAP _	
Information at the time of submission:			
Cost of Ed EFC = Need	Current Aid	= Unmet Need	
Information at the time appeal is considered:			
Cost of Ed EFC = Need	- Current Aid	= Unmet Need	
Decision/Comments			
FWS Appeal Award Approved	CLINIVE	et Undated	