

**REQUEST TO PARTICPATE IN THE  
OFF-CAMPUS FEDERAL WORK STUDY PROGRAM**

**AGENCY INFORMATION**

NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

**PERSON AT ORGANIZATION REQUESTING INFORMATION**

NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

By signing this document, you agree to the following:

1. Your organization is a public or private non-profit organization.
2. Employment of Federal Work Study students will not result in the displacement of other employees.
3. The work of your FWS hires will be in the public interest.
4. The work will not require religious or political involvement.
5. The work does not involve the construction, operation or maintenance of any facility used or to be used for sectarian instruction or as a place of religious worship.
6. The work will be meaningful and, preferably, will enhance the student's educational objectives.
7. You will provide adequate supervision and training for students employed.
8. You will provide responsible record keeping and monitoring of student hours within the limitations of the student's FWS award.
9. Your organization must have funding available and the ability to write checks to pay its portion of the student's compensation.
10. Your organization must have internet access and a valid email address as most of the communication it will receive from the Career Center will be via email.

Thank you for your interest in participating in Augusta State University's Federal Work Study Program. Please mail or fax it to the ASU Career Center once complete. We will review your information and, based on funding availability and number of student awards, assess your eligibility for a contract.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date