Federal Work-Study Program

Request to Continue

Financial Aid Office
(408) 270 6460

It is the policy of the San Jose/Evergreen Valley Community College District to provide an educational and employment environment in which no person shall be unlawfully denied full and equal access to the benefits of, or be subjected to discrimination in any program or activity of the District on the basis of ethnic group identification, race, color, language, accent, immigration status, ancestry, national origin, age, gender, religion, sexual orientation, transgender, marital status, veteran status or physical or mental disability.

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To be completed by the student:

Full name: _____EVC ID#:_____ ___

I'm requesting to resume working for my previous supervisor in the following:

Department:

Hours per week planned to work:

Duration:

- ◯ Fall only
- ◯ Spring only
- ◯ Fall and Spring

I agree to follow all rules & regulations required to participate in the FWS program.

_____ Student's Signature

_____ Date Signed

To be completed by your FWS supervisor:

I agree to hire my previous FWS student, name above, for the 26-27 academic year.

Supervisor' name:_____
Department:_____
Phone:_____
Email:_____

_____ Supervisor'sSignature

_____ Date Signed