MONTANA STATE UNIVERSITY BILLINGS

WORK STUDY REQUEST FORM

Office of Financial Aid & Scholarships, 1500 University Drive, Billings, MT 59101

Work Study is funded through both federal and state programs by the Department of Education, the State of Montana and MSU Billings. This program provides part-time jobs for MSU Billings students with significant financial need as determined by the FAFSA, and is administered by the Financial Aid Office, in accordance with the law, federal regulations, and with instructions from the United States Department of Education.

Student Name: _____ **Student ID:** _____

Student Email: _____ **Aid Year:** _____

STUDENT REQUIREMENTS

- **Submit the Free Application for Federal Student Aid (FAFSA)**
- **Demonstrate financial need as determined by the federal government and the Financial Aid Office**
- **Meet all federal financial aid eligibility regulations as required by the Department of Education and MSU Billings**
- **Maintain Satisfactory Academic Progress (SAP) standards as required by the Department of Education and MSU Billings**
- **Not have defaulted on, or owe a repayment to, any federal aid program received for study at MSU Billings or any other institution**

STUDENT RESPONSIBILITIES

- **Refrain from scheduling Work Study hours during any scheduled class time. By Federal Regulations, students can NOT be paid for hours worked during scheduled class time**
- **Create a manageable and flexible work schedule (with the supervisor) based on academic course load and other University commitments**
- **Notify supervisor immediately of anticipated absences or tardiness as early in the workday as possible; confirm with the supervisor the preferred form(s) of communication for such notifications**
- **Limit work schedules to no more than 19.5 hours per week during the semester(s) and 40 hours per week during scheduled breaks (with approval from the Financial Aid Specialist and supervisor)**
- **Accurately track hours worked and submit timesheets prior to the employer's deadline for each pay period**
- **Monitor wages to ensure they do not exceed their Work Study award amount**

Student's Signature: _____ **Date:** _____