

Evergreen Valley College – Financial Aid Office

3095 Yerba Buena Road, San Jose, California 95135 – (408) 270-6460

FEDERAL WORK STUDY REQUEST TO CONTINUE

To be completed by the student

Name:

Student ID:

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

Department:

Hours per week planned to work:

Duration:

- Fall Only
- Spring Only
- Fall & Spring

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

Signature: _____ **Date:** _____

To be completed by your FWS Supervisor

I agree to hire my previous FWS student, named above, for the 19-20 academic year.

Name:

Phone:

Email:

Signature: _____ **Date:** _____