



Federal Work-Study Program Request to Continue



Financial Aid Office
(408) 270 6460

SAN JOSÉ · EVERGREEN
Community College District

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.

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 22-23 academic year.

Supervisor' name: _____

Department: _____

Phone: _____

Email: _____

Supervisor's Signature

Date Signed