

## 2019-2020 Federal Work-Study Request

The Federal College Work-Study Program (FWS) provides jobs for students with financial need, allowing them to earn money to help pay education expenses. The program encourages community service work and work related to your course of study whenever possible. FWS wages are \$10.00 per hour paid in arrears on the 15th and 30th of each month. Your total FWS award depends on when you apply, your level of need, and the FWS Program funding for the current academic year.

If you wish to participate in the FWS program for the 2019-2020 academic year, please complete the information below and return this form to the BCTC Financial Aid Office. After receiving your request the Financial Aid Office will process your eligibility and forward you additional information regarding FWS. FWS funds are limited and awarded on a “first-come first-served” basis. Once funds have been exhausted no additional awards will be awarded. If you have any questions regarding your financial aid please contact the Financial Aid Office at 855-246-2477.

Student's Name: _____	PSID: <b>00</b> _____
How many hour per week you wish to work:	<input type="checkbox"/> 20 – 15 <input type="checkbox"/> 14 - 10 <input type="checkbox"/> less than 10
If needed, do you want your Federal Direct Student Loan reduced to award Federal Work-Study.	
<input type="checkbox"/> NO <input type="checkbox"/> YES	
Have you previously participated in the Federal Work-Study program? .	
<input type="checkbox"/> NO <input type="checkbox"/> YES If yes when did you work (i.e. 2015 Fall ) _____	
<i>STUDENT CERTIFICATION: I wish to participate in the Federal Work-Study program. I understand that the Financial Aid Office reserves the right on behalf of BCTC and criteria established by the U.S. Department of Education to review, change and cancel an award at any time because of changes in financial and/or academic status. If I purposely give false or misleading information on any financial aid documents, I may be fined, sentenced to jail or both.</i>	
Signature: _____	Date: _____

Return complete form to our campus Financial Aid Office or email to [Bluegrass-FinancialAid@kctcs.edu](mailto:Bluegrass-FinancialAid@kctcs.edu), or postal to 121 Oswald Bldg / 470 Cooper Dr., Lexington, KY 40506-0235



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