



Federal Work Study Appeal

Please be aware that submitting this appeal does not guarantee admittance into the program or an increase in your FWS offer. All decisions are rendered on a case by case basis, taking into consideration student eligibility as well as the availability of program funds. You will receive an e-mail notification within two weeks regarding the outcome of your appeal. If you have any questions or need additional information regarding this appeal or the FWS program, please email fws-admin@umd.edu

Student Information

Name: _____ U ID: _____
Local Phone #: _____ Major: _____
Local Street Address: _____
City, State, Zip Code: _____
E-Mail Address: _____

Appeal for Federal Work Study Funds

Please consider me for a(n): _____ For which Term and Year are you requesting funding?
_____ New Offer _____ Increase to Current Offer _____ Fall _____ Spring Year _____

If you are requesting a new offer, have you identified a potential employer?
_____ Yes _____ No

If yes, which employer? _____ Have you worked for this employer previously?

_____ If you are requesting an increase to an offer, please supply the following:
Hours worked per week: _____
Hourly Wage: _____
Employer: _____

Reason for Appeal: _____

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY:

SFAApp Date: _____ YrInSch: _____ Aid Preference: Y N Previous FWS: Y N

Total Earnings: _____ by PP: _____

Unmet Need: _____

Recommendations:

Appeal: Approved Denied Total FWS Offer: _____ Year: _____ F/S

BPU Complete: _____ MQ Complete: _____ Denial E-mail Sent: _____ Reviewer: _____

Date: _____