



Cornell University
Office of Financial Aid
and Student Employment

Submit this form:
Fax: 607-255-6329
Online: www.finaid.cornell.edu
Mail: Financial Aid Processing
349 Pine Tree Road
Ithaca, NY 14850

SUMMER 2014
ON-CAMPUS FEDERAL WORK STUDY APPLICATION

Submit this application for Summer Federal Work Study if:

- ✓ you intend to work in a paid position for an on-campus employer;
- ✓ you will not be enrolled in 6 or more credits Summer Session courses;
- ✓ you had applied for and been reviewed for financial aid for Spring 2014; and
- ✓ you were registered full time for Spring 2014 and intend to register full time for the Fall 2014 term.

The Summer 2014 FWS award is \$5000.

If your potential employer is a non-profit community service agency in Ithaca or close proximity to Ithaca, you must complete the Community Work Study Program (CWSP) application. Applications are available through the University Public Service Center online at <http://sites.google.com/site/cucwsp/>. Questions concerning the CWSP application should be directed to Sandy Hickey, sh36@cornell.edu.

If you are applying for FWS to work with an off-campus employer, you must complete a Develop Your Own (DYO) Internship application. Off-campus employers include employers in the local Ithaca area (not a nonprofit or community service employer) or an employer in any of the fifty United States. Applications are available online at <https://www.career.cornell.edu/students/jobs/internships/cornell/DYO/index.cfm>, or Cornell Career Services in 203 Barnes Hall. Questions concerning the DYO application should be directed to Nancy Law, NFL1@cornell.edu.

If you wish to work for the New York City Public Service Corps, you must complete the agency application, available online via <https://www.career.cornell.edu/students/jobs/internships/cornell/nyc.cfm>, or at the front desk in 203 Day Hall, or 203 Barnes Hall.

Name: _____ CU ID Number _____ Cornell Net ID _____

Telephone/Cell #: _____ Expected graduation Date (month/year): _____

Cornell College: _____

Summer Employer (Department Name): _____

Direct Supervisor Name: _____

Supervisor Email: _____ Supervisor Phone: _____

Start Date: _____ End Date: _____

Student Signature _____ Date _____

OFFICE USE ONLY: Date Awarded: _____ Counselor: _____