



2020-2021 Work Study Verification Form

Student ID #: S _____ Date of Birth: _____

Last: _____ First: _____

Phone _____ COS Email: _____

I have been offered a work study position in the area:

Department: _____ Supervisor: _____

Once complete turn into Financial Aid (financialaid@siskiyous.edu) for verification

Office Use Only

Student has been awarded Work Study Yes No

If Yes, amount of award: _____

Signature: _____ Date: _____

Thomas Keim – FWS Coordinator