



2021-2022 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: _____

Financial Aid Employee