



# 2022-2023 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](mailto: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