



**Financial Aid**

College of the Siskiyous, 800 College Ave., Weed, CA 96094  
Phone: (530) 938-5209 - Fax: (530) 938-5376 – Email: [financialaid@siskiyous.edu](mailto:financialaid@siskiyous.edu)

**2025-2026 Work Study Verification Form**

Student ID #: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

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

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

**Once complete turn in to Financial Aid ([financialaid@siskiyous.edu](mailto:financialaid@siskiyous.edu)) for verification.**

**For Financial Aid Use Only**

Student has been awarded Work Study                       Yes                       No

If Yes, amount of award: \_\_\_\_\_

Financial Aid Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_