



Financial Aid

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

2026-2027 Work Study Verification Form

Student ID #: _____

Last Name: _____

First Name: _____

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

Department: _____

Supervisor: _____

Department: _____

Supervisor: _____

Once complete turn in to Financial Aid (financialaid@siskiyous.edu) for verification using your College of the Siskiyous student email ONLY.

For Financial Aid Use Only

Student has been awarded Work Study Yes No

If Yes, amount of award: _____

Financial Aid Employee Signature: _____

Date: _____