



Request for Federal Work Study Statement of Intent for Period of Non-Attendance

Name _____ Bergen C.C. ID# _____

I am interested in working under the Federal Work Study (FWS) program during the summer session. The session I would like to work is indicated below (check one):

Session 1: (5/6/2020 - 6/30/2020)

Session 2: (7/1/2020 - 8/31/2020)

By signing below, I certify that while working under these FWS sessions, I am enrolled in summer classes. If I am not enrolled in summer classes, I expect to be enrolled in the Fall 2020 semester.

Signature: _____ Date: _____

Please submit to the One Stop

FAO review

Graduate:	Yes <input type="checkbox"/>	Date: _____	No <input type="checkbox"/>	
Registration:	Summer I <input type="checkbox"/>	Summer U <input type="checkbox"/>	Summer II <input type="checkbox"/>	Fall <input type="checkbox"/>
Approved	Yes <input type="checkbox"/>		No <input type="checkbox"/>	

Comment: _____

Approved Award: \$

FAO Signature: _____ Date: _____