

GOODWIN COLLEGE

One Riverside Drive, East Hartford, CT 06118

Federal Work Study Award Letter

Student Name: _____
Program: _____

Student ID: _____

The above-named student is hereby granted permission to work under the Federal Work Study program. It is understood that the student has completed all necessary paperwork to begin work and has shown financial need. It is further understood that the student will limit the number of hours worked per week to a maximum of 15*.

This award letter is for the period of time outlined below, and the student must complete a new award letter at the end of the period of time if (s)he wishes to continue working under the program. In the event a student's grade-point-average (GPA) falls below 2.0, (s)he will be removed from the program.

The student and/or the supervisor may terminate this award at any time. The days and hours may be modified if agreed upon by the student and supervisor (without exceeding the 15 hours). A revised award letter will not be necessary in this case. The student will receive a copy of this award letter.

**Permission to exceed 15 hours per week may only be granted by the Provost.*

Award Letter Period: ____/____/____ to ____/____/____

APPROVED BY:

Financial Aid

____/____/____
Date

ACKNOWLEDGED AND AGREED TO BY:

Student Name

____/____/____
Date

Supervisor

____/____/____
Date

RETURN THIS SIGNED FORM TO BILL MANGINI IN THE FINANCIAL AID DEPARTMENT.