



Community Service Federal Work-Study Organization Application for Participation

1. Agency Name: _____

2. Date: _____

3. Organization Administrator's Name: _____

Title: _____

Telephone: _____

Email Address: _____

4. Street Address _____

City: _____ State: _____ Zip Code: _____

5. Telephone Number: _____ - _____

6. Organization Type (ex. Private, Nonprofit, State Government Agency): _____

7. Provide a description of your organization and Agency Mission Statement:

8. Number of student FWS positions available (September-April): _____

9. Number of student FWS positions available (May-August): _____

10. For each student job expected to be available as indicated above, please provide the following information, attaching a separate sheet for each position.

Job Position Title: _____

Site Location: _____

Site Supervisor: _____

Email Address: _____ Telephone: _____

Description of Federal Work-Study Position Duties:

I hereby certify that the information contained on this application is correct. I understand that submission of this form does not guarantee that this organization will be approved to participate as a Community Service Federal Work-Study Community Partner.

Printed Name: _____

Signature: _____ Date: _____

