**FEDERAL WORK-STUDY Re-application for the \_\_\_\_\_\_\_\_\_\_\_Semester**

**(Only fill out this form if you already are a work-study student & plan on returning to work study)**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Study Position you are currently in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current supervisor of Work Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you wish to resume the position you are currently in now? YES\_\_\_\_\_\_\_\_\_\_NO\_\_\_\_\_\_\_\_**

**Did you fill out the FASFA for the upcoming Year? \_\_\_\_\_YES \_\_\_\_\_\_\_NO (you need to have this filled out for work-study)**

**If YES Supervisor please approve: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(If not, please re-apply on the website as we will need to start a new placement)

**Please note:**

Federal Work Study Guidelines for Students

\*Students are only allowed to work up to 10 per week. If they forfeit a week(s) hours, they are not to be made up at any time. If they do not use it – they can’t bank to use up.  Doing that can conflict with school, FWS hours, payroll, etc…

\*Students are to work the arranged time per supervisor. Please schedule any work to be done at this time to reduce down time.

\*All students that quit or do not show up for their assignment will be added to a list for non-placement the following semester and may be possibly removed from current assignment.

\*To stay on as a work study for the next semester – an email with supervisor approval is needed.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please re-sign:

**STATEMENT OF EDUCATIONAL PURPOSE**

I certify that I do not owe a refund on any grant, am not in default on any loan, and have not

borrowed in excess of the loan limits, under the Title IV Programs, at any institution. I will use all

Title IV money received only for expenses related to my study at Trocaire College.

I am also aware that in order to continue to receive assistance from any of the programs

mentioned in the preceding paragraph, I must maintain satisfactory progress and program

pursuit regulations in the course of study I am pursuing according to the standards and

practices of the institution.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Employee Confidentiality Agreement**

I understand and accept the following conditions and responsibilities of my student worker employment at Trocaire College:

1. In the performance of my duties, I may gain access to sensitive or confidential information and records that may be protected from disclosure by federal or state law. Examples include education records protected under the Family Educational Rights and Privacy Act of 1974 (FERPA). “Education records” are those records that are directly related to a student that are maintained by an educational institution or by a party acting for the institution. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. I understand that unauthorized disclosure of such Protected Information can adversely impact the College, individual persons, or affiliated organizations.
2. I shall treat ALL information accessible to me in the performance of my duties as Protected Information, regardless of its format (e.g., electronic, paper, oral), unless and until advised otherwise by my supervisor.
3. I shall use Protected Information for the sole purpose of performing my job duties. I shall not disclose Protected Information to ANYONE without prior authorization from my supervisor.
4. I shall not permit myself or any other person to copy or reproduce Protected Information other than what is required in the regular performance of my job duties.
5. I shall not use my student worker access permissions to alter, delete, or enter fraudulent information into any academic, financial, or other educational records pertaining to me.
6. I shall immediately report to my supervisor any unauthorized use, duplication, or disclosure of Protected Information by myself or others.
7. I understand that any failure to adhere to one or more of the above listed conditions and responsibilities will subject me to disciplinary action that may result in prosecution through appropriate College judicial processes, discharge from employment, expulsion from the College, and civil and criminal legal sanctions.

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Student Employee Name (Print) Signature Date