2019–2020 Federal Work Study Appeal

Student Name: ___________________________ Loyola ID: ___________________________
(Please print) (Your 11-digit Loyola ID number begins 0000)

The purpose of this form is to appeal for Federal Work Study consideration or to request to receive additional Federal Work Study funds. Federal Work Study is a need-based financial aid program. Appeals from students who do not demonstrate financial need on the FAFSA, or those whose need has already been met through other aid programs, will not be approved. **If you are currently working in a Federal Work Study position and are requesting an increase in your award, please attach a copy of your most recent pay stub.**

1. Please indicate on the line below the Loyola University Chicago office or department, or approved Federal Work-Study Community Service location where you are working or plan to be hired.  

________________________________________________________________________

2. If applicable, how much Federal Work Study have you already earned in the 2019-2020 academic year?  

____________________________

3. How many hours do you plan to work per week?  

____________________________

4. Hourly wage (if known):  

____________________________

**Certification**  
The information provided on this form is correct to the best of my knowledge. Please revise my financial aid award to include a Federal Work-Study award. I understand that appeals are only granted as funds are available.

_________________________________________  
Student Signature  

_________________________________________  
Date