

Work Study Distribution Form

Office of Financial Aid and Scholarships • Indiana University South Bend • P.O. Box 7111 • South Bend, IN 46634-7111

Phone: (574)520-4357 Fax: (574) 520-5561 Email: sbfinaid@iusb.edu Website: financialaid.iusb.edu

This form is to be completed by the student. Only students who already have a work-study job and who want their funds divided between employers should complete this form

Example: I work in Financial Aid and have a limit of \$2800. I also want to work in the Admissions Office and need to have my \$2800 divided between jobs.

If a student needs additional funds for a job they are already working, use the Work Study Appeal Form.

This form must be submitted to the Financial Aid Office a minimum of TWO WEEKS prior to needing the funds/paperwork.

| Print Student Name _ | | | | | | |
|----------------------|----------------------------|---|----------------------------------|--|--|--|
| Student ID # | | | | | | |
| | | | Date | | | |
| Student Signature | | | Date | | | |
| Academic Period (cir | cle one) | Academic Year | Summer | | | |
| Account(s) funds ar | e to be dis your initia | tributed to and the al limit of earnings | dollar amount as shown on you | ing amount(s) earned. needed in each account. The ur award letter and work study | | |
| | | | Check p | Check position type (one per job): | | |
| Department | Account N | lbr. | On | Community | | |

\$ Amount

Campus

Tutor

Service

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(required)