

University of the Sciences in Philadelphia  
Student Employment  
Budget Category

**Section A: To be completed by student and supervisor.**

Student Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

Department Name: \_\_\_\_\_

Has the student received Work-Study funds for the academic year? \_\_\_\_\_ yes \_\_\_\_\_ no

Has the student been hired in a Work-Study position for the academic year? \_\_ yes \_\_ no

Start Date (Month/Day/Year): \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Section B: To be completed by Financial Aid Office**

Has the student filed FAFSA ? \_\_\_\_\_ yes \_\_\_\_\_ no

Were Work-Study funds awarded? \_\_\_\_\_ yes \_\_\_\_\_ no

If terminated from FWS, date of termination: \_\_\_\_\_

FAO Signature: \_\_\_\_\_ Date: \_\_\_\_\_