



WPI

Office of
Financial Aid

Community Service Work Study Pre-Approval Form

Complete sections below and return to the Office of Financial Aid at least two weeks prior to beginning work.

This form can be returned to finaid@wpi.edu.

Student Name			
Student WPI ID		Class Year (i.e. 2028)	

Company Name			
Company Address			
City, State, ZIP			

Company is...	<input type="checkbox"/> For-Profit <input type="checkbox"/> Non-Profit				
Description of Clients Served:					
Funding Source	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County/City	<input type="checkbox"/> United Way	<input type="checkbox"/> Other

Name of Supervisor			
Title		Phone	
Description of work to be performed (attach separate sheet if needed):			
Date(s) Work Is to Be Performed			

By signing this form, I understand that I will only be paid for a maximum of 10 hours of community service (unless I'm employed in a year-long position designated by the SAO office). Any hours worked in community service beyond the 10 hours will be considered my own personal volunteer time given to the organization.

Student Signature			
Date			