



WPI Community Service Work Study Completion Form

Complete section below and return to the Office of Financial Aid no more than two weeks after Community Service work is complete.

Student Name												
Student WPI ID											Year: (ex 2012)	
Company Name:												
Company Address												
Company Address												
City, State Zip												
Name of Supervisor												

Title: _____ **Phone () -** _____

Date(s) & Hours Community Service work was performed	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date

Signature of Community Service Supervisor: _____

By signing this form you are indicating that the student listed above worked the hours listed at your organization.

General description of work that was performed

By signing this form I understand that I will only be paid for a maximum of 15 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 15 hours will be considered my own personal volunteer time given to the organization.

I also understand that if the completion form is not turned in within 2 weeks of the date of the work hours listed above I will not be paid for these hours and they will not be counted toward my 15 hours of community service. All hours must be completed by 5:00 pm est. on the last day of D term. Any hours completed after this will not be paid or count towards your required 15 hours of service. I also acknowledge that if this form is being used to submit hours for the Relay for Life event the form must be submitted at the event ! Any forms turned in after the event will not be accepted and the hours will not count toward my CSWS requirement.

Signature of Student: _____ **Date:** _____

DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY WPI OFFICE OF FINANCIAL AID

Approval Decision **Approved** **Denied: (if denied provide a brief description for reason)**

Signature of FA Official: _____ **Date:** _____

