



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	
Company Name:	
Company Address	
Company Address	
City, State Zip	

Name of Supervisor	
Title:	Phone () -

Date(s) & Hours Community Service work was performed	
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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

Signature of Student:	Date:
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DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY WPI OFFICE OF FINANCIAL AID

Approval Decision	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied: (if denied provide a brief description for reason)
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Signature of FA Official:	Date:
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