



Community Service Work Study Completion Form

Complete section below and return to the Office of Financial Aid once approved 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**

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

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: