



Community Service Work Study Pre-Approval Form

Complete section below and return to the Office of Financial Aid for approval **at least two weeks prior to beginning work**

Student Name

Student WPI ID

Company Name:

Company Address

Company Address

City, State Zip

Company is **Non Profit** **For Profit**

Description of Clients served

Funding source **Federal** **State** **County/City** **United Way** **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 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:** _____