



Department of Financial Aid
 115 Aycock Hall
 Carrollton, Georgia 30118-4420
 Division of Student Affairs and Enrollment Management

**FEDERAL WORK STUDY
 ELIGIBILITY REQUEST OR CANCELLATION
 2009-2010 Aid year**

PLEASE PRINT ALL INFORMATION:

NAME: _____ UWG ID#: _____

EMAIL ADDRESS: _____@my.westga.edu

PHONE NUMBER: Home (_____) _____ Cell (_____) _____

<u>AWARD ELIGIBILITY REQUEST *</u>	<u>AWARD CANCELLATION</u>
I would like FWSP for:	Please <u>cancel</u> my FWSP award for:
____ FALL	____ FALL
____ SPRING	____ SPRING
*FWSP eligibility is based on the information provided on your FAFSA. If you are determined eligible and are awarded you will be notified via email with further instructions.	____ SUMMER
**SUMMER: if you are interested in FWSP for the Summer Semester please complete the Summer Aid Review Request on your Banweb account.	

Student Signature: _____ **Date:** _____