



Department of Financial Aid  
 115 Aycock Hall  
 Carrollton, Georgia 30118  
 PHONE: 678-839-6421  
 FAX: 678-839-6422

**FEDERAL WORK STUDY  
 ELIGIBILITY REQUEST OR CANCELLATION  
 2008-2009 Aid Year**

PLEASE PRINT ALL INFORMATION:

NAME: \_\_\_\_\_ UWG ID#: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_@my.westga.edu

PHONE NUMBER: Home ( \_\_\_\_\_ ) \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_

<u><b>AWARD ELIGIBILITY REQUEST *</b></u>	<u><b>AWARD CANCELLATION</b></u>
<p>I would like FWSP for:</p> <p>_____ FALL</p> <p>_____ SPRING</p> <p>_____ SUMMER</p> <p>*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.</p>	<p>Please <i>cancel</i> my FWSP award for:</p> <p>_____ FALL</p> <p>_____ SPRING</p> <p>_____ SUMMER</p>

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_