



**FEDERAL WORK STUDY ELIGIBILITY
REQUEST OR CANCELLATION
2019-2020 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>
<p>I would like FWSP for:</p> <p>_____ FALL 2019</p> <p>_____ SPRING 2020</p> <p>*FWSP eligibility is based on the information provided on your FAFSA.</p>	<p>Please <i>cancel</i> my FWSP award for:</p> <p>_____ FALL 2019</p> <p>_____ SPRING 2020</p>

Student Signature: _____ **Date:** _____