



**FEDERAL WORK STUDY ELIGIBILITY
REQUEST OR CANCELLATION
2020-2021 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: _____ FALL 2020 _____ SPRING 2021	Please <i>cancel</i> my FWSP award for: _____ FALL 2020 _____ SPRING 2021
*FWSP eligibility is based on the information provided on your FAFSA.	

Student Signature: _____ **Date:** _____