



A Graduate School of Education, Health & Psychology

## 2025-2026 Federal Work-Study (FWS) Waitlist Form

Student Name: \_\_\_\_\_ TCID: \_\_\_\_\_ Phone: \_\_\_\_\_

**Instructions:** Submit this form if you were not offered Federal Work-Study (FWS) and would like to be added to the waitlist for consideration. Please note that FWS funds are allocated by the U.S. Department of Education and awarded to students based on financial need on a first-come, first-serve basis. Therefore, submitting this form does not guarantee funding for the academic year.

**Review Process and Timeline:** The Office of Financial Aid will begin reviewing requests received after the add/drop period of each semester, and the review will be conducted on a rolling basis. You will receive an email notification only if you are deemed eligible throughout the academic year. As a result of funding limitations, waitlist requests do not guarantee approval.

You **must** agree to the items below in order to be considered for FWS funding:

- \_\_\_\_\_ I have submitted a 2025-2026 Free Application for Federal Student Aid (FAFSA).
- \_\_\_\_\_ I will be enrolled at least half-time in a degree-seeking program throughout the semester(s) in which I may be hired/rehired for a FWS position.
- \_\_\_\_\_ I understand that I must be a U.S. citizen or eligible non-citizen to receive FWS. International students are not eligible for federal funding.
- \_\_\_\_\_ I understand that my waitlist request does not guarantee approval of a FWS award. I understand that my FWS eligibility is contingent on my federal student aid eligibility, my demonstrated financial need as determined by the Student Aid Index (SAI) calculated upon submission of my FAFSA, and the College's availability of funds.
- \_\_\_\_\_ I understand that I cannot be hired/rehired for a FWS position unless I am offered a FWS award for the academic year.

**Note:** If approved for FWS, the Office of Financial Aid may be required to adjust your Cost of Attendance or other federal aid resources, if required, to allow room for this award. Should a change be required, you will be notified via email outlining any next steps.

My signature gives the Office of Financial Aid permission to adjust my awards based on the above information.

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

**FOR OFFICE USE ONLY:**

Processor/Date

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