□ SPRING 2024 Semester Only

Academic Level: FR SR

## Instructions:

- 1. Applicants must submit the FAFSA
- 2. Print legibly
- 3. Submit application to FMCC Financial Aid Office

Name:	
FM ID#:	Last 4 digits of SS#:
Home Address:	
Street:	
City/State/Zip:	
Cell Phone #:	
Email:	

## STUDENT AGREEMENT—TERMS OF EMPLOYMENT

The FMCC Financial Aid Office offers employment to students as part of their financial aid package, and if they submit the Student Employment Application to the Financial Aid Office. However, student must reapply each academic year to renew their employment. Each student agrees to the following terms of student employment when he/she signs an application for student employment:

You are not authorized to begin employment or receive compensation for hours worked until you receive an award notice authorizing your eligibility. You will complete a Workstudy Appointment Form which will be signed by both your supervisor and the Financial Aid Office. Any work performed before the receipt of your award letter and appointment form will be considered a donation of your time.

If you wish renew your student employment, you must submit a new FAFSA and Student Employment Application to the FM Financial Aid Office for approval for the following school year.

Work hours may vary according to your class schedule and supervisor's schedule. However, you many not exceed the maximum of 20 hours per week and the total allowable gross earnings on your award letter. You must notify your supervisor if you are unable to work. You cannot work during scheduled classes. You must present with a neat/clean appearance while at work. Jeans and t-shirts are permitted.

## I am applying for: □ BOTH Fall and Spring □ FALL 2023 Semester Only If you are qualified and would like to be employed in one of these specific categories, please check:

□ Office Assistant

□ Lab Aide

□ Athletic Assistant

☐ I am available for any type employment

If you have already made placement arrangements for a position on campus, please designate below your supervisor's name and office/department.

ENTER THIS DATA ONLY IF THE SUPERVISOR HAS AGREED TO HIRE YOU.

Supervisor: \_\_\_\_\_

Office/Department:

Violation of the following rules could results in immediate termination: unauthorized disclosure of confidential information, falsifying information including hours worked, improper use of any college property including office supplies, photocopier, equipment, mail or phone service, not showing up during scheduled time, punctuality problems, performance problems or creating a disturbance within the office. If a supervisor deems it necessary to terminate a student's job, the student will receive written notice stating the justification of the termination.

I hereby understand and agree to these terms of employment and agree to abide by the rules and regulations of FM. In addition, I authorize the FM Financial Aid Office to release/publish my information contained in this application for the purpose of assisting me in locating a student employment position on campus.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_