

Kentucky Higher Education Assistance Authority
Work-Study Program
Student Application

To Be Completed by Applicant (print or type)

Name _____ WKU ID Number _____
Last First

Current Address _____ Email Address: _____

City State Zip Code

Telephone Number (____) _____ - _____ Birthdate ____/____/____
Month Day Year

Are you a U.S. citizen? Yes No Major Course of Study _____

List the name and address of the last school you attended.

Name _____

Address _____

High School or Postsecondary

I hereby affirm that the information provided above is complete and true to the best of my knowledge. I further affirm that my responsibilities under this program have been fully explained to me to my satisfaction. It is my intention to enroll in the school identified below, continue to be enrolled in this school while working, and/or return to enrollment in this school after working on an alternate work-study plan under this program. I affirm that I will apply the money received under this program solely to meet those expenses related to my enrollment at the school and those expenses directly related to my employment under this program except as provided under the terms of the Alternate Student Employment Agreement.

Signature of Applicant

Date

To Be Completed by School Official

Institution _____ Telephone Number (____) _____
Western Kentucky University 270 745-3095

Address _____

Bowling Green, KY 42101-1051
City State Zip Code

Please check and fill in the requested information about the applicant:

1. Enrolled or accepted for enrollment..... Full-time or Half-time Yes or No
2. Kentucky resident Yes or No
3. In good standing, progressing satisfactorily toward program completion, and has a "C" average cumulative GPA on all courses attempted..... Yes or No
4. Participating in another college-administered work program (if yes, ineligible for KWSP)..... Yes or No
5. Grade classification (use a number 1-6)
6. Anticipated graduation date / ____ / ____
7. Estimated cost of education \$ _____
8. Itemized work-related expenses (direct only):
 - Travel (allowance at 47¢ per mile)
(_____ miles one way)..... \$ _____
 - Dues..... \$ _____
 - Uniforms, tools, etc..... \$ _____
9. Total cost (line 7 plus 8) \$ _____
10. Financial aid anticipated \$ _____
11. Remaining financial need eligibility (line 9 less 10)..... \$ _____

I hereby certify that the information provided above is complete and true to the best of my knowledge based upon the records of this institution, or where appropriate, information provided by the above-named student.

Signature of Financial Aid Officer

Date