

## **Work Study Program Authorization Form**

**COMPLETE THIS FORM ONLY IF WORK-STUDY IS LISTED ON YOUR AWARD LETTER  
AND YOU ARE APPLYING IT TO YOUR BALANCE.**

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

I have been awarded work-study for this academic year. I will use my work-study checks to pay the charges against my student account until the balance is paid in full. I understand that I must sign over 100% of my work-study checks beginning with the fall semester (September 10th payroll) and the spring semester (February 10th payroll) until such time as my account is paid in full. There will be a \$50 fee per semester that will be charged to my account to carry my balance, if my balance is not paid off with work-study checks.

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