



# Rust College Office of Financial Aid

150 Rust Avenue, Holly Springs, Mississippi 38635

Date:

School Year:

School Term: Fall/Spring

Colleague ID: \_\_\_\_\_ Work Study Contract Rust College ID: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

SSN: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Is this your first year participating on the Work Study Program? \_\_\_ Yes \_\_\_ No

If No, Previous Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**STUDENT:** In accepting this Student Work Study Permit, I understand that I must complete all the required interviews and forms required by the Financial Aid Office. I further understand that I will not be paid for any hours worked in excess of the awarded monthly hours indicated below. I agree to abide by the rules and regulations of Rust College, and to show an interest in my work and complete it to the best of my ability. This will include acting in a professional manner concerning the confidentiality of college and student information. I understand that any breach of this confidentiality is just cause for immediate dismissal from the work study program. Failure on my part to earn my award will result in a cash payment becoming due and payable to the Cashier's Office.

*Print Name: \_\_\_\_\_ Signature \_\_\_\_\_*

**SUPERVISOR:** In accepting this applicant, you do so with the understanding that he/she will be provided and will work the maximum numbers of hours per month (as indicated below) and that the hours for this student must be carefully monitored. You do so with the understanding that student is employed under the Rust/Federal Work Study Program. You will be responsible for completing and submitting the student's time sheet by 4:00 p.m. on the day published of the Work Study Schedule. Any additions to the awarded hours will be made Only in the Financial Aid Office.

**Department** \_\_\_\_\_

*Print Name \_\_\_\_\_ Signature \_\_\_\_\_*

DO NOT WRITE BELOW THIS LINE\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*DO NOT WRITE BELOW THIS LINE

Date Received: \_\_\_\_\_ Work Study Fund: Rust \_\_\_\_\_ Federal \_\_\_\_\_

<b>Award Amount</b>	<b>\$1184</b>	<b>\$1040</b>	<b>\$960</b>	<b>\$888</b>	<b>\$816</b>
Semester Amount	\$592	\$520	\$480	\$444	\$408
Award Hours	148	130	120	111	102
Semester Hours	64	56	52	48	44
Monthly Hours	16	14	13	12	11

**NOTE:** Awards may be revised at any given time during the school year. During this time another permit will be issued to the student. The institution reserves the right to cancel this permit in case of exigency.

**ONCE TERMINATED FROM THE PROGRAM, WORK STUDY WILL NO LONGER BE AVAILABLE FOR THE DURATION OF THE ACADEMIC YEAR.**