

## Kentucky Higher Education Assistance Authority Work-Study Program Student Application

To Be Completed by Applicant (print or type)

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First Middle

Current 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 ( ) \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
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 46¢ 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