



# REQUEST FOR OFF-CAMPUS WORK-STUDY CONTRACT

OFFICE OF FINANCIAL AID

## AGENCY INFORMATION:

1. Please provide the following contact information:

Agency Name: \_\_\_\_\_  
 Director: \_\_\_\_\_  
 Email Address (if applicable): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ FAX: \_\_\_\_\_  
 Agency website: \_\_\_\_\_  
 Tax Exempt Number: \_\_\_\_\_

2. How did you hear of our program? \_\_\_\_\_  
\_\_\_\_\_

3. What is the purpose and/or mission of your organization? (Please mail an agency brochure, or any other written information about your organization) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How long has your agency been in existence? \_\_\_\_\_

5. Is your agency a non-profit or governmental organization? yes \_\_\_\_ no \_\_\_\_  
If yes, what is the Foundation Status Classification number as assigned by the IRS for your organization?  
\_\_\_\_\_

6. What kind of tasks would work-study students perform for your agency? (You may attach a sample job description.)  
\_\_\_\_\_  
\_\_\_\_\_

7. Will your work-study jobs address any of the following areas? (Check all that apply)

<input type="checkbox"/> Childcare	<input type="checkbox"/> Human Services
<input type="checkbox"/> Community Improvement	<input type="checkbox"/> Literacy Training
<input type="checkbox"/> Conservation Corps Program	<input type="checkbox"/> Public Training
<input type="checkbox"/> Crime Prevention	<input type="checkbox"/> Rural Development
<input type="checkbox"/> Counseling	<input type="checkbox"/> Transportation
<input type="checkbox"/> Service for the Disabled	<input type="checkbox"/> Welfare or Social Services
<input type="checkbox"/> Education/Tutorial Services	<input type="checkbox"/> Youth Corps Program
<input type="checkbox"/> Environmental Improvement	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Health Care	
<input type="checkbox"/> Housing or Neighborhood	

8. Is this program, for which the student will be hired, open to the general public? \_\_\_\_Yes\_\_\_\_No



**BUDGET INFORMATION:**

1. If given a contract, will your agency be able to include the cost of the work-study match in your annual budget?  
 yes \_\_\_\_ no \_\_\_\_
2. How is your agency funded? (Please fax a copy of annual financial report to us at 303-492-4544) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. What is your agency's fiscal year? \_\_\_\_\_

**HIRING INFORMATION:**

1. On average, how many students would you anticipate hiring?  
 During the academic year (mid-August to mid-May)? \_\_\_\_\_  
 During the summer session (mid-May to mid-August)? \_\_\_\_\_
2. Would your agency have openings on an ongoing basis throughout the year, or would your agency need to complete all of its hiring at one or two times during the year?  
 \_\_\_\_\_
3. Are there specific days and times that you plan on scheduling work-study students? \_\_\_\_\_  
 \_\_\_\_\_

*Work-study students cannot displace any currently employed workers at your agency.*

**SUPERVISORY INFORMATION:**

1. How many people in your agency would be responsible for supervising the students?  
 One person \_\_\_\_\_ Several people \_\_\_\_

**REQUEST FOR CONTRACT INFORMATION**

Thank-you for your interest in participating in CU-Boulder's College Work-study Program. We will review your information and consider your agency for an Off-Campus Work-study contract.

Please note: Although your agency may be a qualified work-study employer, we contract with a designated number of employers each year. If we have fulfilled our contracts for the year, we will place your agency on our employer waitlist. If your agency is placed on the waiting list, we will keep your information on file to review at a later date.

If a contract is granted, you will receive the contract in the mail with some other necessary documents that will need to be completed and returned. The supervisor(s) will also be required to participate in training sessions on the work-study program and university policies. If you have questions while completing this form, please call 303-492-3548.

Please return to the contract request to the Student Employment Office by mail, fax or email. You can also complete the form online at <http://www.colorado.edu/studentemployment/pdf/agenques.pdf>.

University of Colorado at Boulder  
 Attn: Student Employment  
 77 UCB  
 Boulder, CO 80309-0077  
 Fax 303-492-4544  
 Email: stdemp@colorado.edu