# Financial Aid and Scholarship Services

## Federal Work-Study Adjustment

If you need assistance with completing this form, please contact our office at (855)278-5080 or [https://students.asu.edu/contact/financialaid](https://students.asu.edu/contact/financialaid)

## Student Information

Use blue or black ink only and please type or print clearly.

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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle L.</th>
<th>10-Digit ASU ID</th>
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<td>Local Street Address</td>
<td>City</td>
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<td>Zip Code</td>
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## Instructions

1. Complete Student Information section above
2. Complete Sections A, B, and/or C
3. Complete Section D
4. Submit this form by:
   - fax to (480) 965-9484
   - mail to P.O. Box 870412, Tempe, AZ 85287-0412 (or)
   - in-person to any Financial Aid and Scholarship Services location

## Section A: Select Time Period For This Request

Please select the time period for which you are requesting an FWS Eligibility review and/or adjustment. Our office will review your financial aid file to determine your eligibility for federal work-study participation. FWS offered and/or adjusted is subject to financial aid guidelines including Cost of Attendance and financial aid need restrictions.

- [ ] Fall 2019 and/or Spring 2020
- [ ] Summer 2020

## Section B: Accept or Decline FWS

If you currently hold an FWS Eligible position, the acceptance of FWS will result in the placement of an active FWS Offer. If you DO NOT currently hold an FWS Eligible position, the acceptance of FWS will result in the placement of an FWS Estimate as a placeholder for FWS eligibility. You will need to submit another request for an active FWS Offer upon obtaining an FWS Eligible position.

- Accept FWS
- Decline FWS

## Section C: Increase or Decrease FWS Offer

*If there are already FWS earnings for the requested Time Period, the FWS Offer can only be decreased to what has already been earned during the Time Period.

- Increase FWS Offer
- *Decrease FWS Offer

## Additional Comments: (optional: provide any additional information to help us with your request)

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

## Section D: Certification and Signature

Certification: I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

<table>
<thead>
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<th>Student's Signature</th>
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Rev: 2019-11-07 2020 WORK_STUDY_ADJUSTMENT