



Federal Work Study (FWS)
Request for Services

Instructions: Complete all sections. Please send the complete form with the requested attachments either by e-mail to fws@berkeleycollege.edu or by fax to (973)368-9852.

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

A. Agency Status (select one)

- Federal or State Agency
County or City/Borough Agency
Private, Non-profit Organization

B. Agency Mission Statement and Description of Clients Served

Four horizontal lines for text entry.

C. Agency Funding Sources

- Federal
State
County/City
Public Donations
Other: \_\_\_\_\_

D. Agency Fiscal Year: \_\_\_\_\_ to \_\_\_\_\_

E. Agency Staffing (number of positions):

- Full-time paid staff
Part-time paid staff
Student Employees
Volunteers

F. Please attach a Job Description or complete a Job Description Form for each position you are offering and an Off-Campus Agreement and attach it to this form.

G. Please attach a copy of your 501(c)(3) or other proof of tax-exempt/non-profit status to this form.