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)387-1464.

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**


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 complete a **Job Description Form** for each position you are offering and an **Off-Campus Agreement** and attach it to this form. You may find these forms at www.berkeleycollege.edu/fws.

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