



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

Private, Non-profit Organization

County or City/Borough Agency

B. Agency Mission Statement and Description of Clients Served

C. Agency Funding Sources

Federal

Public Donations

State

Other: _____

County/City

D. Agency Fiscal Year: _____ to _____

E. Agency Staffing (number of positions):

Full-time paid staff

Student Employees

Part-time paid staff

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.