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  ☐ 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 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.