

WORKSTUDY REQUEST FORM (APPLY / DECLINE)



Delta College
Financial Aid Office
1961 Delta Rd, University Center MI 48710
Phone (989) 686 9080 Fax (989) 667 2202
financialaid@delta.edu

Delta College Student ID # _____ Student Name _____

I would like to:

____ Apply for Federal Work Study

____ Decline my Federal Work Study

Academic Year: _____

For the following semester, check all that apply:

____ Fall (Sept. – Dec.)

____ Winter (Jan. – April)

____ Spring (May – Aug.)

Student Signature

Date