



## Financial Aid Office

### Summer Work Study Request Form

Financial Aid Office  
MSU-Great Falls College of Technology  
2100 16<sup>th</sup> Avenue South  
Great Falls, MT 59405  
771-4334 FAX 771-4317

Student's Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Employer/Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Is the student enrolled in at least 6 credits for the summer semester?  Yes  No

Total Number of hours requested: \_\_\_\_\_  
(Please include the total amount for the entire summer, NOT how many hours a week)

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisors Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to the Financial Aid Office *at least 2 weeks before the end of the Spring semester*. Incomplete requests will be returned. You will receive notification of your request within 1-2 weeks. **STUDENTS WHO HAVE NOT REGISTERED FOR SUMMER SEMESTER WILL BE DENIED.** If you have any questions please contact the Office of Financial Aid.

#### FOR OFFICE USE ONLY

Number of hours requested: \_\_\_\_\_ x \$7.00 = Total Dollar Amount \_\_\_\_\_

- Approved  
 Denied

Amount Approved: \_\_\_\_\_

Approved by: \_\_\_\_\_