What is the Summer Federal Work-Study Program?
The Summer Federal Work-Study program provides students who demonstrate financial need with an opportunity to work during the summer. These funds are intended to assist you with educationally related expenses for the upcoming 2016-2017 academic year. Eligibility is determined using information from your 2015-2016 Free Application for Federal Student Aid (FAFSA).

What requirements must I meet to be eligible for Summer Federal Work-Study?
You can apply for the Summer Federal Work-Study program if you meet the following requirements:

1. Enrollment (you must meet one of the following):
   a. You are enrolled at least half-time (undergraduates = 6 credits and graduate students = 3 credits) for summer 2016
   OR
   b. You are enrolled at least half-time for fall 2016

2. You must submit a 2015-16 and 2016-17 FAFSA at www.fafsa.gov (only if you have not already done so). You must also provide any supporting documents to the Office of Student Financial Aid.

3. Complete the application on the reverse and return it to the Office of Student Employment.

Where can I work?
- Any department on-campus
- Job listings are available on-line at: www.umaine.edu/studemp

Do I have to enroll for summer in order to receive Summer Federal Work-Study?
You do not need to be enrolled for summer in order to be considered for Summer Federal Work-Study. However, if you are not enrolled for summer, you must be enrolled at least half-time for fall in order to be eligible. Please note that if you are enrolled less than half-time for summer, your financial aid for 2016-2017 may be impacted.

(Application on reverse)
2016 Summer Federal Work-Study Application

APPLICATION DEADLINE: APRIL 8, 2016

Please note: You will be notified via email if you are awarded Summer Federal Work-Study.

Name (please print) ______________________________________ Mainestreet ID # _______________________

Enrollment (# of credits): Summer 2016____ Fall 2016____ Have you completed a FAFSA for? □ 2015-2016 □ 2016-2017

Address before 5/13/16
_________________________________________________________ Phone No: __________________________

Address after 5/13/16
_________________________________________________________ Phone No: __________________________

Please give the following employer information:
UMaine Hiring Department Name: ___________________________ Phone No: __________________________

Supervisor Name ___________________________________________ Phone No: __________________________

Campus Address: __________________________________________

Job Title: __________________________________________________

Beginning Date of Employment___________________ End Date of Employment________________________

Please read the following statements, then sign and date the application:

● I have read the reverse of this form and understand the eligibility criteria, including the necessity for submission of all required forms.

Student Signature ______________________________________ Date ________________________________

FOR OFFICE USE ONLY:

Date Received: __________ 2015-2016 EFC _______ 2016-2017 EFC _______ Dep. Status_________

App. Stat/Comments: ______________________________________ Award amount: ______________________

Enrollment: Summer 2016______ Fall 2016______ Department hired: ________________________________