



WWW.ASA.EDU

Date: _____

Student Name: _____

Social Security #: _____

FEDERAL WORK-STUDY AWARD LETTER

Dear Student:

We are pleased to inform you that your application for Federal Work-Study position has been processed. We are offering you an award from our _____ / _____ FWSP allocation.

Please note:

1. This Award has to be accepted and signed.
2. In order to continue working, you must maintain satisfactory academic progress as defined in ASA College Catalog as well as in the "ASA College FWSP Student Disclaimer" that you signed.
3. Missed worked days, tardiness will not be tolerated and might be the cause for disciplinary actions and/or dismissal. In order to remain employed your work performance cannot be less than satisfactory.
4. The Financial Aid Office reserves the right to modify or cancel your FWSP award at any time due to changes in eligibility or availability of funding.

On the second page of this Award letter you will find your FWSP assignment period, Award amount, department and manager you assign to work for, your work schedule.

Please make sure your work schedule is followed. Remember you must stop working on the end date indicated in the "FWSP assignment period".

A copy of signed Award letter will be retained in Financial Aid Office and another copy will be given to your assigned department manager.

Best wishes for your continued educational success.

Sincerely yours,

FWSP Coordinator:

Last, First Name: _____

Signature: _____

DOWNTOWN BROOKLYN

81 Willoughby Street
Brooklyn, NY 11201
Tel.: 718 - 522-9073

MIDTOWN MANHATTAN

1293 Broadway/One Herald Center
New York, NY 10001
Tel.: 212-672-6450

NORTH MIAMI BEACH

3909 N.E. 163rd Street
North Miami Beach, FL 33160
Tel.: 786-279-1740



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FWSP ASSIGNMENT AND AWARD

FWSP Employer: _____

Address: _____

LOCATION: M-1293 B-W81 B-L151 B-P383 FL-3909 B-A316

Other: _____

Department: _____

Manager: _____

Manager's Phone #: _____ E-mail: _____

FWSP ASSIGNMENT PERIOD: From _____ To _____

AWARD AMOUNT: _____ HOURLY RATE: _____

WEEKLY HOURS: 10 15 20 Other: _____

UNLESS APPROVED IN ADVANCE BY DIRECTOR OF FINANCIAL AID DEPARTMENT, YOU WILL NOT BE PAID FOR AMOUNT EARNED IN EXCESS OF "FWSP AWARD AMOUNT" SPECIFIED ABOVE. BE SURE TO MONITOR YOUR EARNINGS THROUGHOUT YOUR EMPLOYMENT PERIOD.

I accept Federal Work-Study award indicated herein.

I decline Federal Work-Study award indicated herein.

I understand that certification statements on my "Application for Federal Work-Study" and "ASA College Federal Work Study Student Disclaimer" which I signed are condition of this award that has been provided to me along with my FWSP Job Description.

Student Name (Last, First): _____

Student's Signature: _____ Date Signed: _____

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