FEDERAL WORK-STUDY
STUDENT INFORMATION SHEET

All forms must be completed in black ink.

Student Name: ____________________________________________________________

Social Security Number: __________________________ Date of Birth: ________________

U.S. Citizen (yes or no):_______

Local Address: ____________________________________________________________
_____________________________________________________________________________

Student’s University Email: __________________________________________________

Home Phone#:___________________________ Work Phone#:_______________________

Program Enrolled: __________________________ Graduate or Undergraduate (Circle)

Expected Graduation Date (Month/Year): ________________

Please submit 2 forms of Identification:

United States Citizens
• State Issued Identification (driver’s license)
• Social Security Card

Please submit 3 forms of Identification:

Permanent Residents
• State Issued Identification (driver’s license)
• Permanent Resident Card (with signature)
• Social Security Card

Student Employment Official:

Start Date of Employment: ________________
(Approved start date will be emailed to both student employee and supervisor upon application review)

Return completed form to:
University Student Financial Assistance & Enrollment Services; University Of Maryland, Baltimore;
601 W. Lombard St, Suite 221; Baltimore, MD 21201 Phone: 410-706-7347

E-Mail: fws@umaryland.edu
URL: www.umaryland.edu/fin