

## 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)

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***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: [fvs@umaryland.edu](mailto:fvs@umaryland.edu)

URL: [www.umaryland.edu/fin](http://www.umaryland.edu/fin)