CUYAMACA COLLEGE
LEARNING FOR THE FUTURE

Federal Work-Study (FWS) — Request for Award Increase

To be completed by current Federal Work-Study students requesting an increase to their FWS award

*Only 1 submission per term will be accepted

STUDENT INFORMATION

Full Name (Last, First) _____ Date _____

Student ID # _____ Phone _____

Department / Supervisor _____ Email _____

CURRENT AWARD INFORMATION

Current FWS Term Award Amount ($) _____ Current Award Period (e.g., Fall 2026) _____

Current Approved Hours / Week _____

REQUESTED INCREASE

Requested Increase Amount ($) _____ New Total Requested Term Award ($) _____

Requested Hours / Week _____

Please note the maximum hours that can be worked per week is 25.

Reason for Requested Increase (check all that apply):

- ☐ Approaching current award limit before end of term
- ☐ Increase in schedueled department weekly hours
- ☐ Other (please explain below)

FINANCIAL AID INFORMATION

Do you plan on continuing FWS participation through the remainder of the current semester?	Yes ☐ No ☐	
Do you plan on applying for a student loan during either semester?	Yes ☐ No ☐	If yes, a subsidized, unsubsidized loan, or both and for how much?
Do you participate in other special programs on campus? (EOPS, CalWorks, etc.)	Yes ☐ No ☐	If yes, list which program(s)?
Do you anticipate being eligible for Cal Grant for the current academic year?	Yes ☐ No ☐	If yes, list the expected award amount:

STUDENT ATTESTATION

By signing below, I attest and acknowledge that:

- The information I have provided on this form is true and complete to the best of my knowledge.
- This information will be used to adjust my Federal Work-Study award.
- The number of hours I am permitted to work per week is determined at the discretion of my Federal Work-Study allocation and my supervisor.
- Maximizing my Federal Work-Study award could, in some cases, reduce the amount of grant aid I am eligible to receive in the future.

Student Signature _____ Date _____

SUPERVISOR ACKNOWLEDGEMENT

By signing below, I acknowledge and confirm that:

- I have reviewed and approve this student's requested Federal Work-Study increase.
- I will schedule this student for hours accordingly to their available allocation, whether this request is approved or not.
- I will ensure the student's total scheduled hours do not exceed the 25-hour weekly maximum.

Supervisor Signature _____ Date _____

FOR OFFICE USE ONLY

Financial Aid Office Signature _____ Date _____

Approved Increase Term Amount ($) _____ New Total Term Award ($) _____