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HAMPTON UNIVERSITY
FINANCIAL AID AND SCHOLARSHIP
FROM EXTERNAL FUNDS
STUDENT EMPLOYMENT/STUDENT AID

DETC# _____
 F/A FUND# _____
 Classification _____
 Major _____
 GPA _____
 Academic Year _____

Name of Student _____ SS# _____

Part I. STUDENT EMPLOYMENT: Yes _____ No _____

Local Address _____ Phone (Local) _____
 Supervisor _____ Department Placed _____
 *Effective Date of Employment _____ Max.Hrs.Per Wk. _____
 Rate of Pay per Hour _____ Amount of Student Employment _____
 *End Date of Employment _____

PROVISIONS OF THIS AGREEMENT

1. It is the responsibility of the department (Supervisor) and the Student to monitor the hours a student works. **A STUDENT MAY NOT EARN OVER THE AWARD LIMIT.**
2. The employer of the student worker agrees not to discharge the student without first consulting the Financial Aid Office in regard to such matter.
3. The student worker agrees to consult his/her Supervisor in regards to any complaint the student may wish to make, and will not sever employment without securing the approval of the Financial Aid Office.
4. The Financial Aid Office agrees to hear all complaints of all parties, and to take the necessary action in reaching a suitable solution to such complaints.
5. The student worker and the Supervisor agree to submit all time sheets on the third working day of each pay period to the Business Office by 5:00 p.m.
6. The Financial Aid Office reserves the right to cancel this agreement, if for any reason sufficient funds are not available to support this program.
7. The student worker agrees to notify the Supervisor in advance of his/her inability to report to work for any reason.
8. Habitual tardiness and/or absenteeism are reasons for immediate dismissal.

 Signature of Student Worker

 Date

Part II. SCHOLARSHIP/GRANT AWARD: Yes _____ No _____ **STIPEND SUPPORT (FYI) \$** _____

	Fall	Spring	1 st Session Summer	2 nd Session Summer
Tuition	\$ _____	\$ _____	\$ _____	\$ _____
Room and/or Board	_____	_____	_____	_____
Comprehensive Fee/Reg	_____	_____	_____	_____
Books and/or Supplies	_____	_____	_____	_____
	\$ _____	\$ _____	\$ _____	\$ _____

Required Signatures:

 Principal Investigator Date

 Assistant V.P. for Grants Mgt. Date

 Chairperson Date

 Director of Financial Aid Date

 School Dean/Budget Executive Date