



Florida Atlantic University
Office of Student Financial Aid
Need Based Employment Application

DATE _____ Z# _____ TERM _____

NAME _____ SSN _____

ADDRESS _____
 (No. & Street) (City) (State) (Zip)

PHONE _____ FAU EMAIL _____@fau.edu

MAJOR _____ FAU GPA _____

FLORIDA RESIDENT FOR TUITION PURPOSES YES/NO

ARE YOU INTERESTED IN TUTORING FOR AN OFF CAMPUS LOCATION? YES/NO

CAREER GOALS: _____

ACTIVITIES/SKILLS: _____

WORK/VOLUNTEER EXPERIENCES: _____

I authorize the release of this application and any relevant supporting information to persons involved in the selection of FWS/FWEP recipients.

 Applicant's Signature

 Date

NOTE: Funds are limited and will be based on eligibility criteria, receipt of this form, and the applicant's 2008–2009 FAFSA application date. Award notification postcards will be sent or check your *MYFAU* under the "Money Matters" tab and then click on "View 2008-2009 Financial Aid Information" for updated information .

Submit completed form to the FAU Office of Student Financial Aid (in person or by mail):

Florida Atlantic University
 Office of Student Financial Aid
 777 Glades Rd-BLD 80
 Boca Raton, FL 33431-0091

Florida Atlantic University
 Office of Student Financial Aid
 5353 Parkside Drive
 Jupiter, FL 33458-2932

Florida Atlantic University
 Office of Student Financial Aid
 2912 College Ave-BLD 49
 Davie, FL 3331403970

----- **For Office Use Only** -----

EFC _____ Unmet Need _____ ISIR Date _____ FWEP _____ FWS _____