



Community Service Work Study Completion Form

Complete section below and return to the Office of Financial Aid no more than two weeks after Community Service work is complete.

Student Name	Last:	First:
Student WPI ID		Class Year: (ex 2018)
Company Name:		
Company Address		
Company Address		
City, State Zip		

Name of Supervisor	
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Title:	Phone () -
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Date(s) & Hours Community Service work was performed	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date

Signature of Community Service Supervisor:
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By signing this form you are indicating that the student listed above worked the hours listed at your

General description of work that was performed
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By signing this form I understand that I will only be paid for a maximum of 15 hours of community service (unless I'm employed in a year long position designated by the SAO office). Any hours worked in community service beyond the 15 hours will be considered my own personal volunteer time given to the organization.

I also understand that if the completion form is not turned in within 2 weeks of the date of the work hours listed above I will not be paid for these hours and they will not be counted toward my 15 hours of community service. All hours must be completed by 5:00 pm est. on the last day of D term. Any hours completed after this will not be paid or count towards your required 15 hours of service. I also acknowledge that this form cannot be used to submit hours for the Relay for Life event. There is a separate time record keeping system for that event. You must swipe into and out of the event with your ID to have your hours recorded at the event! Any forms used to record Relay for Life hours turned in after the event will not be accepted and the hours will not count toward my CSWS requirement.

Signature of Student:	Date:
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DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY WPI OFFICE OF FINANCIAL AID

Approval Decision	Approved	Denied: (if denied provide a brief description for reason)
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Signature of FA Official:	Date:
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