

Weill Cornell Medicine
Application for WCM Work-Study Program
Summer 2018

Terms and Conditions of the WCM Work-Study Program

Federal Work-Study (FWS) is federal financial aid designed to assist students with educational costs incurred in a given academic year. If awarded FWS, you will receive a 2018-19 Financial Aid Award Letter that includes the amount you earned during the summer employment period. To be considered, you must complete a **Free Application for Federal Student Aid (2018-19 FAFSA)** in order to determine your eligibility for Federal Work-Study (FWS). The maximum work-study earnings for the summer is **\$4,000 which is a 50/50 combination of federal funding and a sponsor's funding**. Students who are not eligible for the FWS funds may be offered funding through the WCM Barr Fellowship Fund, contingent upon availability. **Priority funding is awarded to students who have not secured other funding resources (e.g. external fellowships).**

FWS is earned through temporary employment through Weill Cornell Medicine/NYP or their affiliates. Compensation is distributed by WCM payroll. Students are responsible for securing their own research/employment positions with PI/Sponsors willing to participate in the program by providing their share of earnings (50%) upon completion of your assignment. *Funding is limited; apply as soon as possible.*

The Work-Study Employment period date range: June 11th to August 19th (10 weeks only).

FWS Application due date: April 27th, 2018

REQUIRED - STUDENT INFORMATION

Name: _____
Last Name First Name Middle Initial

Email: _____ Phone: _____

Are you eligible to work in the U.S.? ___Y ___N Canadian or International student? ___Y ___N

Emergency Contact: _____ Phone: _____

FAFSA Completion date: ____/____/____ (Must be completed prior to submitting this form)

Work-Study Eligible Programs

Check if you have applied for a specific program(s) for which you are requesting Federal Work-Study for:

- Global Health (traveling abroad)
- CTSC (Fellowship may be combined with FWS for a max of \$4,000)
- HSS (Fellowship may be combined with FWS for a max of \$4,000)
- Geriatrics & Palliative Medicine Scholars (Award may be combined with FWS for a max of \$4,000)
- Travelers Program
- Applying for regular FWS to work with a participant PI of my choice (WCM & Tri-Institutional only)

Ineligible Programs: *If you have been awarded other funding resources (e.g. external fellowships) for the same project, you will not be eligible for FWS.*

PROJECT INFORMATION

Project Title:

Student's role/title in project:

Please attach a brief summary/description of your project; include student's role and/or required duties - this information is used for reporting purposes only.

PI Name: _____ Email: _____

Office Address: _____ Phone: _____ Fax: _____

Student's Lab/Work Location: _____

Lab/Work Phone Number: _____ Department: _____

Project Start Date (not before 6/11): _____ Project End Date (no later than 8/19): _____

Proposed Work Schedule:

Monday: _____ Thursday: _____ Sunday: _____
Tuesday: _____ Friday: _____
Wednesday: _____ Saturday: _____

Note: Schedule cannot exceed 35 hours/week and must be granted at least a 30-minute lunch break on days you work over 5 hours. All times must be accurately recorded on a time-sheet that will be collected bi-weekly.

STUDENT AGREEMENT & ACKNOWLEDGMENT

By submitting an application for FWS, I understand the following terms and conditions of the program (check):

- My total earnings cannot exceed \$4,000 during the 10-week summer employment period, at a maximum of 35 hours/week, starting June 11th, 2018.
I am required to submit timesheets on a bi-weekly basis for time recorded as of June 11th, 2018, and no later than August 19th, 2018.
I will be required to notify the Financial Aid Office about changes to my project start/end date or schedule.
I cannot be compensated for work on a holiday, work extending beyond August 19th, 2018, or once I have reached my maximum allowable earnings (\$4,000).
I understand that applying for FWS requires my PI/sponsor to contribute 50% of my total summer earnings, not to exceed \$2,000, upon completion of my assignment(s).
I understand that if I secure other outside funding for the same project, I will no longer be eligible for FWS, and must contact the Financial Aid Office immediately to withdraw my application.

Student Signature

Date

Weill Cornell Medicine acts as paymaster and shall compensate students for hours worked (not to exceed 280 hours over 10 weeks - \$4,000 max in combined resources) pursuant to the program. Work-Study compensation **requires a mandatory 50% match (max of \$2,000)** of the student's summer earnings **from PI/Sponsors**; the remaining 50% of earnings will be issued from either federal or institutional resources, contingent upon confirmation of student's eligibility by the Financial Aid Office.

Required – By all Weill Cornell & Tri-Institutional Sponsors:

By submitting an application for FWS, I understand the following terms and conditions of the FWS program (check):

- A mandatory contribution of up to \$2,000 is required to support a student in the FWS Program.
- I am required to sign timesheets on a bi-weekly basis for time recorded as of June 11th, 2018, and no later than August 19th, 2018.
- I will arrange to meet payment*, which will be due upon receipt of an invoice sent to me, noting the student's total earnings after the summer employment period has ended.
- All payments should be sent to the attention of the Financial Aid Office – due by: September 30, 2018
- I understand that if the student secures other outside funding for the same project, he/she will no longer be eligible for FWS, and I must contact the Financial Aid Office immediately to withdraw this application.

*WCM sponsors may submit payments via JV transfer; all others may send payment via regular mail. All pertinent payment details and instructions will be detailed on your invoice.

I have read and hereby agree to abide by the terms of the WCM Federal Work-Study Program, and certify that all information provided is true and accurate to the best of my knowledge.

PI/Sponsor Signature

Date

Return completed application to:

WCM Financial Aid Office
1300 York Ave, Room C-114
New York, NY 10065
Tel: 212.746.1065
Fax: 212.746.5981
finaid@med.cornell.edu