Weill Cornell Medicine

Application for WCM Work-Study Program

Summer 2019

Terms and Conditions of the WCM Work-Study Program

Federal Work-Study (FWS) is federal financial aid designed to assist students with educational costs. To determine your eligibility for Federal Work-Study (FWS), you must complete a Free Application for Federal Student Aid (2019-20 FAFSA). The maximum work-study earnings during the summer are $4,000. Funding for work-study is a combination of federal or institutional funding and that of a Sponsor’s (PI) (50/50) in agreement with the student applicant. Students who are not eligible for federal funds may be offered institutional funding through the WCM Barr Fellowship Fund, contingent upon availability. Due to funding limitations, priority is given to applicants 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 positions with PI/Sponsors willing to participate in the program by providing their share of earnings (50% - $2,000) upon completion of assignment. Funding is limited; apply as soon as possible.

Work-Study Employment period dates: June 10th through August 18th, 2019 (8-10 weeks only).

FWS Application due date: May 1, 2019

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 the program(s) for which you are requesting Federal Work-Study funding support:

☐ Global Health (traveling abroad/ M. Finkel)

☐ CTSC Fellowship (Funds combined with FWS for a max of $4,000)

☐ HSS Fellowship (Funds combined with FWS for a max of $4,000)

☐ Geriatrics & Palliative Medicine Scholars (Award is combined with FWS for a max of $4,000)

☐ Other (your own research project with paying sponsor/PI)

Terms of Ineligibility: Funding is limited. If you are awarded other funding (e.g. external fellowships) for the same project, you will not be eligible for FWS; please withdraw your application to allow another student to participate.
Project Title: ____________________________________________________________

Student’s role 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 6/10/19): ________________  Project End Date (no later than 8/18/19): ________________

Workdays and hours are to be determined between student and sponsor/PI (but should not to exceed 35 hours/week).

Per regulations, a time sheet will be required and collected. Submission instructions will be provided before your start date.

STUDENT AGREEMENT & ACKNOWLEDGMENT

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

☐ My total earnings will not exceed $4,000 during the 10-week summer employment period.

☐ I am required to submit timesheets on a bi-weekly basis for work completed between June 10, 2019 to August 18, 2019 only.

☐ I will be required to notify the Financial Aid Office about changes to my project or start/end dates.

☐ I cannot be compensated for work on a holiday or work extending beyond August 18, 2019.

☐ 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 (over a period of 8 to 10 weeks - $4,000 maximum earnings) pursuant to the program. Work-Study compensation requires a mandatory 50% match (max of $2,000) from the PI/Sponsor; the remaining 50% is secured from either federal or institutional resources, contingent upon confirmation of student's eligibility for funding.

Acknowledgement 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 the student in the FWS Program.
☐ I am required to sign timesheets on a bi-weekly basis for work completed between June 10, 2019 to August 18, 2019 only.
☐ I will arrange to meet my $2,000 match payment, which will be due upon receipt of an invoice* sent to me after the summer employment period has ended.
☐ All payments should be sent to the attention of the Financial Aid Office – due by: September 30, 2019
☐ 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 invoice. Early payments are welcomed–note student's name on your payment.

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: 646.962.3479
Fax: 212.746.5981
finaid@med.cornell.edu