

Weill Cornell Medicine
Application for WCM Work-Study Program
Summer 2020

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 (2020-21 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: July 1 through August 21, 2020

Application due date: May 1, 2020

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)

WCM Work-Study Eligible Programs

Check the program you are requesting funding support for:

- Global Health Project (traveling abroad/ e.g. via Madelon Finkel)
 - o Have you been accepted? Y___ No___
- CTSC Fellowship (Program combines funds with FWS for a max of \$4,000)
 - o Have you been accepted? Y___ No___
- HSS Fellowship (Program combines funds with FWS for a max of \$4,000)
 - o Have you been accepted? Y___ No___
- Geriatrics & Palliative Medicine Scholars (Program combines funds with FWS for a max of \$4,000)
 - o Have you been accepted? Y___ No___
- All others (your own research project with a paying sponsor/PI – includes tri-institutional PIs)
 - o Ensure PI understands h/she must pay a contribution of \$2,000

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 INFORMATION

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.

Project Start Date: _____ Project End Date: _____

PI Name: _____ Email: _____

PI's Administrative contact for payments: _____ Email: _____

PI Office Address: _____ Phone: _____ Fax: _____

Student's Lab/Work Location: _____

Lab/Work Phone Number: _____ Department: _____

STUDENT AGREEMENT & ACKNOWLEDGMENT

Compensation will be based on a total of 8 weeks of work. Workdays/weeks and hours are flexible and up to the discretion of the student and sponsor/PI). However, per federal regulations, a time sheet will still be required and collected for the time period of 7/01/2020 to 8/21/2020. Time sheet instructions will be provided before your start date.

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 8-week summer employment period.
- I am required to submit timesheets on a bi-weekly basis for work completed between July 1, 2020 to August 21, 2020 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 21, 2020.
- I understand that applying for FWS **requires my PI/sponsor to contribute 50%** of my total summer earnings, not to exceed \$2,000
- 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.
- If my PI is unable to meet the required contribution, I will contact the office of Medical Student Research for assistance: medstudentresearch@med.cornell.edu

Student Signature

Date

PI/SPONSOR PAYMENT AGREEMENT & ACKNOWLEDGMENT

Weill Cornell Medicine acts as paymaster and shall compensate students for hours worked (over a period of 8 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 July 1, 2020 to August 21, 2020 only.
- I will arrange to meet the \$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, 2020**
- I understand that if the student secures other 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 sent on an invoice. Early payments are welcome– please note student's name on your payment for reference.**

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