

**University of California, Santa Barbara  
Financial Aid Office  
Federal Work-Study Program  
Student Affairs Administrative Services Building, Room 2101**

**Application for Participation as Non-Profit Organization**

**1. Legal Name of Organization:** \_\_\_\_\_

Mailing Address

\_\_\_\_\_  
(Number and Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Telephone Number: \_\_\_\_\_ Fax Number \_\_\_\_\_

**2. Tax Identification Number:** \_\_\_\_\_

**3. Chief Operating Officer of Organization:** \_\_\_\_\_

(Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Email)

**4. Chief Financial Officer of Organization:** \_\_\_\_\_

(Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Email)

**5. Who would you like us to contact about work-study contract issues?**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(FAX)

\_\_\_\_\_  
(Email)

**6. State organization's legal status (e.g., non-profit organization, municipal corporation, county agency, private non-profit association) and attach evidence of your organization's federal tax exempt status:**

\_\_\_\_\_  
\_\_\_\_\_

For Office Use Only

Approved \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

Federal Work-Study Program

WORK-STUDY STUDENT EMPLOYEE DETAILED JOB DESCRIPTION

Agency Name:

Agency Address:

Agency Telephone Number:

Fax Number:

Student's Name:

Job Title:

Hourly Pay Rate:

Supervisor's Name:

Supervisor's Title:

General Summary of Duties:

JOB DUTIES/RESPONSIBILITIES:

WSP Office Use Only:

Job Request Number:

Percentage of Time (Time of all duties must add up to 100%)	Frequency (Daily, Weekly, Monthly, Quarterly, Annually)	Job Duties/Responsibilities (Please list in order of importance)

**University of California, Santa Barbara**  
**Financial Aid Office**  
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**Federal Work-Study Program Employment Regulations**  
**Non-Profit Organization**

Federal guidelines dictate that the work performed by Federal Work-Study Program student employees must be in the public interest. Work performed in the public interest is defined as “work performed for the national or community welfare, rather than for a particular interest of group.” This regulation prohibits FWSP student employees from performing work intended to primarily serve the interest of the organization. For instance, FWSP student employees may not assist in membership and/or fund drives. In addition, Federal Work-Study Program student employees may not:

- displace, supplant or replace employed workers or fill vacant positions created by strikes or impair existing contracts for services, or
- involve any partisan or non-partisan political activity, work for any political party or
- elected official, or depend on the student’s political support or party affiliation as a condition of employment or
- involve the construction, operation, or maintenance of any place used for sectarian instruction or religious worship, or involve any sectarian or religious worship, or
- Involve work that primarily benefits the members of an organization that has membership limits, such as a credit union, fraternal or religious order or cooperative, or
- Involve any Federal or State lobbying or employment for the Department of Education.

I authorize the FWSP to publish my organization's name as a participating Work-Study employer both on the Work-Study web site and any applicable publications:

Yes       No

I certify that:

- a. The information given on this application and the Work-Study Student Employee Detailed Job Description is true and correct to the best of my knowledge, and
- b. The organization described above is a non-profit organization, and
- c. I have read the Federal Work-Study Program Employment Regulations, and
- d. Any student worker provided by the University of California in connection herewith will not be permitted to violate any of the Federal Work-Study Program Employment Regulations stated in this application or included in the contract with the University of California, Santa Barbara.

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(Signature of Organization Officer)

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(Name and Title -- Please Type or Print)

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(Date)