

WORK-STUDY PROGRAM

INSTRUCTIONS FOR THE APPLICATION FOR PARTICIPATION AS A NON-PROFIT AGENCY

Preliminary Note: Work performed by a Work-Study student employee for a **Non-Profit** agency of any type is to serve the public interest and not primarily that of the agency itself.

1. When filling out **Page 2** of this application, please be sure to include your tax Id number, and be sure to answer question 6 as thoroughly as possible, given the space provided.
2. Please be sure to fill out a Work-Study Student Employee Detailed Job Description (Page 3) for **each** potential position for which you would be interested in hiring a Work-Study student.
3. Please carefully read sign Page 4, "Employment Regulations for Non-Profit Agencies."
4. Return the completed and signed application, ATTN: Work-Study Unit, to our offices.
5. After our careful review of your materials, and upon approval for participation in the WSP, you will be sent an official contract for your review and signature as a participant in the Work-Study Program through UCSB.
6. After you have signed and returned the contract to our offices, you will be supplied with the necessary information regarding how to process with the hiring process.

If you should have any questions during any portion of this process, please do not hesitate to contact any of us here at the Work-Study Unit at FinAidWSP@sa.ucsb.edu or (805) 893-2067.

WORK-STUDY PROGRAM

APPLICATION FOR PARTICIPATION AS A NON-PROFIT AGENCY

1. Legal Name of Agency: _____

Mailing Address

(Number and Street Name)

(City)

(State)

(Zip Code)

Telephone Number: _____

Fax Number: _____

2. Tax Identification Number: _____

3. Chief Operating Officer of Agency: _____

(Name)

(Title)

(Phone)

(Email)

4. Chief Financial Officer of Agency: _____

(Name)

(Title)

(Phone)

(Email)

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

(Name)

(Title)

(Phone)

(Fax)

(Email)

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

For Office Use Only

Approved _____ Yes _____ No

Director, Office of Financial Aid & Scholarships
University of California, Santa Barbara

Date

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WORK-STUDY STUDENT EMPLOYEE DETAILED JOB DESCRIPTION

Name of Agency: _____

Job Title: _____ **Hourly Pay Rate:** _____

Supervisor's Name: _____ **Title:** _____

WSP Office Use Only
 Job Request Number: _____

DETAILED JOB DUTIES / RESPONSIBILITIES:

| Percentage of Time <small>(Time of all duties must add up to 100%)</small> | Frequency <small>(Daily, Weekly, Monthly, Quarterly, Annually)</small> | Job Duties/Responsibilities <small>(Please list in order of importance)</small> |
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WORK-STUDY PROGRAM

EMPLOYMENT REGULATIONS FOR NON-PROFIT AGENCIES

Federal guidelines dictate that the work performed by 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 or group.” This regulation prohibits WSP student employees from performing work intended to primarily serve the interest of the agency. For instance, WSP student employees may not assist in membership and/or fund drives. In addition, 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 WSP to publish my organization's name as a participating Work-Study employer both on the Work-Study web site and in any applicable publications:

Yes No

I certify that:

- a. The information given on this application and the Work-Study Student Employee Detailed Job Description are true and correct to the best of my knowledge, and
- b. The agency described above is a non-profit agency, and
- c. I have read the 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 Work-Study Program Employment Regulations stated in this application or included in the contract with the University of California, Santa Barbara.

(Signature of Agency Officer)

(Name and Title -- Please Type or Print)

(Date)