WORK-STUDY PROGRAM

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

Preliminary Note: Work performed by a Work-Study student employee for a For-Profit agency shall be academically relevant to the student's educational goals. (The "Statement of Academic Relevance" and a Work-Study Student Employee Detailed Job Description must be submitted with a signed, Off-Campus Referral for each potential student employee.)

1. Please be sure that all positions for which you seek a Work-Study candidate are related to a particular academic field of study. (Examples of such fields could include Accounting, Biology, Chemistry, Computer Science, Mathematics, Music, Psychology, Zoology, etc.)

2. 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.

3. 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.


5. Please fill out Page 5, “Statement of Academic Relevance,” to the best of your ability and sign. A similar form will be filled out by you and the student employee you wish to hire, once your agency has been approved to do so.

6. Return the completed and signed application, ATTN: Work-Study Unit, to our offices.

7. After our careful review of your materials, and upon approval for participation in the Work-Study Program (WSP), you will be sent an official contract for your review and signature as a participant in the Work-Study Program through the University of California, Santa Barbara.

8. After you have signed and returned the contract to our offices, you will be supplied with the necessary information regarding the student hiring process.

Should you have any questions during any portion of this process, please do not hesitate to contact us at the Work-Study Unit at FinAidWSP@sa.ucsb.edu or (805) 893-2067.
WORK-STUDY PROGRAM
APPLICATION FOR PARTICIPATION AS A FOR-PROFIT AGENCY

1. Legal Name of Agency
   __________________________________________________________

   Mailing Address
   __________________________________________________________
   (Number and Street)
   __________________________________________________________
   (City) (State) (Zip Code)

   Telephone Number: __________________ Fax Number __________________

2. Tax Identification Number:
   __________________________________________________________

3. Chief Operating Officer of Agency:
   __________________________________________________________
   (Name)
   __________________________________________________________
   (Title) (Phone number)
   __________________________________________________________
   (Email)

4. Chief Financial Officer of agency:
   __________________________________________________________
   (Name)
   __________________________________________________________
   (Title) (Phone number)
   __________________________________________________________
   (Email)

5. Who would you like us to contact about Work-Study contract issues?
   __________________________________________________________
   (Name) (Title)
   __________________________________________________________
   (Phone) (Fax)
   __________________________________________________________
   (Email)

6. State purpose and/or the services your agency provides:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
### Name of Agency:

____________________________________________________________________________________

### Job Title:

____________________________________________________________________________________

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

EMPLOYMENT REGULATIONS FOR FOR-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.

In addition, the work performed by a Work-Study student for a for-profit agency shall be academically relevant to a student’s educational goals, as stipulated in the Statement of Academic Relevance (Page 5).

I authorize the WSP to publish my agency’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(s) is/are true and correct to the best of my knowledge, and
b. The agency described above is a for-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 the contract with the University of California, Santa Barbara.

________________________________________
(Signature of Organization Officer)

________________________________________
(Name and Title -- Please Type or Print)

________________________________________
(Date)

Application for Participation as For-Profit Agency (Page 4 of 5) 12/17/19
WORK-STUDY PROGRAM

FOR-PROFIT AGENCY

STATEMENT OF ACADEMIC RELEVANCE

Name of Agency: ________________________________________________________________

Proposed Contract Year: ________________________________

Possible Degree / Academic Fields: _____________________________________________

Proposed Position Title: _______________________________________________________

Hourly Rate of Pay: __________________________________________________________

Please explain how this position would be academically relevant to the above degree / academic fields:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

__________________________________________________
(Signature of Agency Officer) (Date)

__________________________________________________
(Name and Title)

For Office Use Only

Approved ________ Yes ________ No

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

________________________
Date