

Instructions for students:

- Print both Sections 1 and 2 of this form.
- Complete Section 1 (Student Data) and send it and the blank Section 2 (Employer Data) directly to as many Stackpole-Hall Foundation Summer Job employers as you choose.
- You are encouraged to send a resume along with these forms.

Form B SWSP Student Application / Placement Form

1. STUDENT DATA

Please Print Clearly. Illegible information may cause delays in processing your request.

* Refer to code listings. If any of the required codes are not on the list, write the information in the space provided.

SOCIAL SECURITY # _____ NAME _____

PERMANENT HOME ADDRESS [Must include street address] _____

HOME COUNTY NAME _____ HOME COUNTY CODE* _____

HOME PHONE # (including area code) _____ CELL PHONE # (Including area code) _____

EMAILADDRESS _____

SCHOOL CODE AND NAME OF POSTSECONDARY INSTITUTION YOU ARE GOING TO BE ATTENDING:

SCHOOL CODE* _____ SCHOOL NAME _____

EXPECTED COLLEGE GRADUATION DATE: MONTH _____ YEAR _____

MAJOR CODE* _____ MINOR CODE* _____

CHECK YOUR CURRENT ACADEMIC LEVEL (For the Summer program, indicate your academic level for the upcoming Fall Semester):

Freshman Sophomore Junior Senior Graduate Student

CHECK YOUR CURRENT ENROLLMENT STATUS (For the Summer program, indicate your enrollment status for the upcoming Fall Semester):

Full-Time (12 or more credits) Half-Time [6 or more, but less than 12 credits] Part-Time [Less than 6 credits]

Only list an alternate address if you wish to have SWSP correspondence mailed to an address other than your permanent home address.

ALTERNATE ADDRESS _____

ALTERNATE PHONE # _____

COUNTY NAME _____ COUNTY CODE* _____

STUDENT CERTIFICATION: I certify that all information provided on this form is accurate and true. I understand that falsifying information may be punishable by law and that submission of this form does not guarantee that I will be approved to work as a SWSP student employee of the organization listed on the other side of this form.

SIGNATURE

DATE

012310
2010-11

2. EMPLOYER DATA

Employers with access to PHEAA's Remote Services MUST submit the completed SWSP Student Application/Placement Form electronically, and should maintain the paper application for a period of five years. If a student is permitted to begin work before the student and employer receive SWSP placement approval from PHEAA, the employer is responsible for 100% of the student's earnings. Previously approved organizations must return renewal packets annually.

Please Print Clearly. Illegible information may cause delays in processing your request. Do not submit this form until the job has been offered and accepted.

THE ORGANIZATION LISTED BELOW REQUESTS APPROVAL TO HIRE THE STUDENT LISTED ON THE PREVIOUS PAGE AS A SWSP EMPLOYEE DURING THE FOLLOWING TERM: [Check one]

 SUMMER ACADEMIC YEAR

EMPLOYER NAME _____

EMPLOYER CODE _____ - _____ (NOTE If you are a branch site, you must include the 3 digit suffix

DEPARTMENT NAME [If applicable] _____ DEPARTMENT CODE _____

ADDRESS _____

COUNTY _____

THIS ORGANIZATION IS: [Check one]

 FOR-PROFIT BUSINESS/INDUSTRY POSTSECONDARY INSTITUTION STATE/FEDERAL GOVERNMENT AGENCY LOCAL GOVERNMENT AGENCY NONPROFIT ORGANIZATION PUBLIC SCHOOL DISTRICT OTHER (PLEASE DESCRIBE) _____

Note: PHEAA assigned job codes can be found on your approval paperwork. If your organization is not a PHEAA - approved SWSP employing organization, an SWSP employer application and guidelines should be obtained online at PHEAA.org and completed prior to submission of student applications.

JOB CODE _____ JOB TITLE _____

BRIEF JOB DESCRIPTION _____

STUDENT WORK DATES: BEGINNING _____ ENDING _____

HOURLY PAY RATE \$ _____ MAXIMUM WEEKLY HOURS _____

IF THE STUDENT IS EMPLOYED DURING THE ACADEMIC YEAR, CHECK IF THE STUDENT WILL BE WORKING DURING HOLIDAY BREAKS:

 YES NO

SUPERVISOR [Please print] _____ PHONE NUMBER _____

EMAIL ADDRESS _____

EMPLOYER CERTIFICATION: I have offered this student the position listed above. I understand that submission of this form does not guarantee that this organization will be approved to hire the student on the previous page of this form as a PHEAA State-Work Study employee. I agree to pay the student in full for all hours worked at the pay rate listed on this form, and the student and I have agreed upon the number of hours the student will be scheduled to work each week. Also, I understand that if this organization hires the student without PHEAA approval, this organization will not receive reimbursement (payment) from PHEAA for any portion of the student's earnings.

NAME [Please print] _____

TITLE _____

SIGNATURE _____

DATE _____