

Instructions for Completing the PA State Work-Study Program Employer Application

Program Overview

The Pennsylvania State Work-Study Program (SWSP) is a “self-help” program for Pennsylvania residents enrolled at least half time (6 or more credits) in a Pennsylvania Higher Education Assistance Agency (PHEAA) approved higher education institution, in a program of study at least 2 academic years in length. Through the cooperative efforts of Pennsylvania employers, postsecondary institutions, and PHEAA, students have the opportunity for earning funds to assist in paying for school costs while gaining career-related work experience. Employers are responsible for paying the students in full for all hours worked and PHEAA provides reimbursement for a portion of the student earnings. Reimbursement is provided to employers via Electronic Funds Transfer (EFT); all employers are required to complete an ACH Authorization Form. Government and nonprofit organizations, as well as for-profit companies, are eligible to participate in the SWSP.

Instructions

SECTION I. Employer Demographic Information

1. **Employer Name:** Indicate the name of the organization. If you are an organization that has multiple sites and wishes to hire SWSP students, indicate the name of the headquarters in this section.
2. **Branch/Department Name:** Indicate the name of the branch or department.
3. **EIN/TIN:** Indicate the Federal Employer Identification Number/Tax Identification Number for the entity identified earlier in this section.
4. **Address/County:** Indicate the address and county for the organization identified earlier in this section.
5. **Telephone and Fax Numbers:** Indicate the primary telephone number that PHEAA should share as your contact number. Also indicate your organization’s fax number.
6. **Website:** If applicable, indicate the website address for your organization.
7. **Organization Official:** Indicate the name, title, telephone number, and email address of the individual who is the organization official at the site identified earlier in this section. The organization official is the individual who has the authority to sign the agreement with PHEAA for the employment of SWSP students at the employing site.
Note: For organizations with multiple locations, this individual may or may not be located at the employing site.
8. Provide a description of your organization.

SECTION II. Employer Structure

Employer structure describes the “make-up” of an employing organization. PHEAA is able to send agreements, notices, and disbursements to the headquarters, branch, or department depending upon the employer’s structure. If an organization has more than one site, the headquarters must determine at what level agreements, notices, and disbursements will be controlled.

If your organization is a single site and you do not want PHEAA to list jobs by individual departments and/or provide you with a summary of disbursements by department, you should not complete this section. Go directly to Section III. Otherwise, review the following information and complete Section II of the application by checking the appropriate boxes.

1. **Agreements:** All organizations are required to sign a program agreement with PHEAA. The Agreement authorizes the hiring of SWSP students and provides assurance that the organization will adhere to program guidelines. The organization listed in Section I may sign the agreement.
2. **Notices:** Notices, such as correspondence advising of a student's SWSP eligibility or ineligibility, will be placed in the organization's PageCenter mailbox. Organizations can elect for notices to be sent to individuals at headquarters, as well as the program coordinator(s) at the branch and/or department.
3. **Disbursements:** Funds can be disbursed to the headquarters, branch, or department. If the employer requests that funds be disbursed to the headquarters and jobs have been identified by branches and/or departments, the disbursement roster will summarize the amount being disbursed for each branch and/or department.
4. **Organization Type:** Check the box beside the phrase that best describes your organization. Nonprofit organizations will be required to provide a copy of their nonprofit tax certificate from the Federal Department of Treasury, Internal Revenue Service.

Note: State, federal, and local government agencies and public school districts are not required to submit documentation of their nonprofit status.

If you are identifying jobs for branch(es) or department(s) other than the entity listed in Section I of the application, you will need to duplicate the "Employer Application for SWSP Program Data" (Section III.) and complete a copy for each branch and/or department that wishes to hire SWSP students.

SECTION III. SWSP Program Data

1. **Program Coordinator:** Indicate the name, title, telephone number, and email address of the individual who is the program coordinator at the site identified on this form. The program coordinator is the on-site person who is responsible for the placement of students and the day-to-day operation of the branch or department's involvement in the SWSP and authorization of wage payments for SWSP students employed by the organization. In some cases, the organization official will also act as the program coordinator.
2. PHEAA advertises available SWSP jobs to students online at **PHEAA.org**. Information such as the employer's name, business address, telephone number, SWSP coordinator, email address, and available jobs are included. Please indicate if you authorize PHEAA to advertise your jobs to students by checking "yes" or "no."
3. **SWSP Jobs Requested:** List the job title, a brief job description, and number of summer and academic year positions available for each SWSP job located at the site identified on the Employer Application for SWSP in the "Employer Jobs Information." If your organization has more than three types of jobs, please attach correspondence with the appropriate information to the application. Be certain to also include your organization's TIN/EIN, name, address, and telephone number on the attachment.

Employer Certification

Provide your name, dated signature, title, and telephone number.

Next Steps

Once your application has been received and processed, you will receive an email from **swsp@pheaa.org** with useful information and documents for new employers. A letter will also be sent including the approved terms for your organization. Please note that your application must be received by the following deadlines to be approved for participation in each term:

- Summer Term: June 30
- Academic Year: November 1

If you have any questions concerning the completion of this employer application, you may contact SWSP staff by emailing **swsp@pheaa.org** or calling 1-800-443-0646, a private number reserved for the use of the financial aid administrators and employers.

PA State Work-Study Program (SWSP) Employer Application

Section I. Employer Demographic Data

(See instructions before completing this section.)

Organization/Company Headquarters/Main Dept. Name:		
Organization/Company Branch/Dept. Name:		EIN/TIN:
Street Address:		City:
State:	Zip:	County:
Phone Number:		Fax Number:
Website:		
Provide a description of your organization: (Brochures and pamphlets may be included.)		
Organization Official		
Name:		Title:
Email:		Phone Number:

Section II. Employer Structure Data

(See instructions before completing this section. Your responses will determine your organization's SWSP structure.)

<p>Agreement: (select one)</p> <p>Mail agreement to headquarters only</p> <p>Mail agreement to individual branches</p> <p>Mail agreement to individual departments</p>	<p>Disbursement: (select one)</p> <p>Disburse to headquarters only</p> <p>Disburse to individual branches</p> <p>Disburse to individual departments</p>
<p>Notices: (select one)</p> <p>Mail notices to headquarters only</p> <p>Mail notices to individual branches only</p> <p>Mail notices to branches with a copy to headquarters</p> <p>Mail notices to departments only</p> <p>Mail notices to departments with a copy to the branches</p> <p>Mail notices to departments with a copy to both branches and headquarters</p>	<p>Organization Type: (Select the option below that best describes your organization. If you are a private or public nonprofit organization, provide a copy of your 501 (c) 3 verification with the application.)</p> <p>Federal Government Agency</p> <p>Local Government Agency</p> <p>State Government Agency</p> <p>Private Nonprofit Organization</p> <p>Public Nonprofit Organization</p> <p>For-Profit Organization</p> <p>Public School District</p>

Section III. SWSP Program Data

(Complete this section to identify your SWSP Program coordinator and the SWSP jobs that are available at your organization.)

SWSP Program Coordinator	
Name:	Phone Number:
Title:	Email:
Indicate if you wish to authorize PHEAA to advertise your SWSP jobs online to interested students: Yes No	
SWSP Jobs Requested	
Job Title:	
Number of Available Jobs: Summer:	Academic year:
Job Description:	
Job Title:	
Number of Available Jobs: Summer:	Academic year:
Job Description:	

Job Title:
Number of Available Jobs: Summer: Academic year:
Job Description:
Job Title:
Number of Available Jobs: Summer: Academic year:
Job Description:
Job Title:
Number of Available Jobs: Summer: Academic year:
Job Description:

Employer Certification

I hereby certify that the information contained on this application is correct. I understand that submission of this form does not guarantee that this organization will be approved to hire students. I also understand that an agreement will be sent to me when an eligible student applies for employment with this organization and that an official of this organization must complete the agreement and return it to PHEAA before the student will be approved to work.

Name:	Title:
Signature:	
Phone Number:	Date:

Please return this form via fax at 717-720-3786, via email to swsp@pheaa.org, or via mail to:

PHEAA/State Work-Study Program
PA State Grant and Special Programs
1200 North Seventh Street
Harrisburg, PA 17102-1444