



State Grant and Special Programs
1200 North Seventh Street, Harrisburg, PA 17102-1444

PHEAA Work-Study Programs Employer Application

Section I - Employer Demographic Data - See instructions before completing this section.

1. Employer Name _____

2. EIN/TIN _____

3. Address _____

County Code _____ County Name _____

4. Telephone # _____ Fax # _____

5. Website _____

6. Organization Official _____

Title _____ Telephone # _____

E-mail Address _____

7. Organization Type: Place a check mark in the box below that best describes your organization. If you are a private or public nonprofit organization, attach a copy of your nonprofit tax certification from the Federal Department of Treasury.

- Federal Government Agency
- Local Government Agency
- Private Nonprofit Organization
- For-Profit Organization

- State Government Agency
- Public School District
- Public Nonprofit Organization

8. Provide a description of your organization (brochures and pamphlets may be included).

Section II - Employer Structure - Please review the instructions before completing this section. They will explain how to determine your organization's structure. If you determine that you are a "single entity," go to Section III. Otherwise, complete the following items:

1. Agreement (check one)

- Mail agreement to headquarters only
- Mail agreement to individual branches
- Mail agreement to individual departments

2. Notices (check one)

- Mail notices to headquarters only
- Mail notices to individual branches only
- Mail notices to branches with a copy to headquarters
- Mail notices to departments only
- Mail notices to departments with a copy to the branches
- Mail notices to departments with a copy to both branches and headquarters

3. Disbursements (check one)

- Disburse to headquarters only
- Disburse to individual branches
- Disburse to individual departments

Section III - Complete the State Work-Study (III-A.) and/or Community Service Employer Application Program (III-B.) forms(s) to identify the Work-Study jobs that are available at your organization.

Section III-A. Employer Application for State Work-Study Program - Note: A nonprofit organization will receive a 40 percent reimbursement and a for-profit business will receive a 30 percent reimbursement from the Agency.

Employer Name _____

- 1. Multiple Site/Department Employers - Complete this item only if your organization is a multiple site or multiple department employer (see instructions for Section II - Employer Structure). Otherwise, go to 2.

EIN/TIN _____

Department Name (if applicable) _____

Check here if the department identified above is your main department (see definition of main department).

Address _____

County Code _____ County Name _____

Telephone # _____ Fax # _____

- 2. SWSP Job Information

Program Coordinator _____

Title _____ Telephone # _____

E-mail Address _____

For the Summer term only, PHEAA can provide you with a list of students who are interested in employment through the State Work-Study Program based upon the students' geographic locations. List up to 10 counties below if you would like to receive this list.

County Codes: _____

Indicate if you wish to authorize PHEAA to advertise your job(s) to interested students: Yes No

Employer Jobs Information:

Job Code _____ Title _____ Available Jobs: Summer _____ Academic Year _____

Job Description _____

Job Code _____ Title _____ Available Jobs: Summer _____ Academic Year _____

Job Description _____

Job Code _____ Title _____ Available Jobs: Summer _____ Academic Year _____

Job Description _____

Section III-B. Employer Application for Off-Campus Community Service Program

Employer Name _____

- 1. Multiple Site/Department Employers - Complete this item only if your organization is a multiple site or multiple department employer (see instructions for Section II - Employer Structure). Otherwise, go to 2.

EIN/TIN _____

Department Name (if applicable) _____

Check here if the department identified above is your main department (see definition of main department).

Address _____

County Code _____ County Name _____

Telephone # _____ Fax # _____

- 2. Community Service Job Information

Program Coordinator _____

Title _____ Telephone # _____

E-mail Address _____

PHEAA can advertise special requirements that your organization may have. Please review the “keys” and list the codes that apply.

Special Requirement Codes: _____

Employer Jobs Information:

Job Code _____ Title _____ Available Jobs: Summer _____ Academic Year _____

Job Description _____

Job Code _____ Title _____ Available Jobs: Summer _____ Academic Year _____

Job Description _____

Job Code _____ Title _____ Available Jobs: Summer _____ Academic Year _____

Job Description _____

Job Code _____ Title _____ Available Jobs: Summer _____ Academic Year _____

Job Description _____

Section IV - 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 a student applies for employment with this organization and that an official of this organization must complete the agreement before the student will be approved to work.

Name _____

Signature _____

Title _____

Telephone _____ Date _____

Return the completed application to:

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