



PHEAA STATE WORK-STUDY PROGRAM (SWSP) EMPLOYER APPLICATION

SECTION I: EMPLOYER DEMOGRAPHIC DATA - SEE INSTRUCTIONS BEFORE COMPLETING THIS SECTION.

1. Organization/Company Headquarters/Main Dept. Name: _____

2. Organization/Company Branch/Dept. Name: _____

3. EIN/TIN: _____

4. Address: _____

County Code: _____ County Name: _____

5. Telephone #: _____ Fax #: _____

6. Website: _____

7. Organization Official: _____

Title: _____ Telephone #: _____

Email Address: _____

8. Organization Type: Place a check mark in the box 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.

Federal Government Agency

State Government Agency

Local Government Agency

Public School District

Private Nonprofit Organization

Public Nonprofit Organization

For-Profit Organization

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



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SECTION II: EMPLOYER STRUCTURE DATA - SEE INSTRUCTIONS BEFORE COMPLETING THIS SECTION. YOUR RESPONSES WILL DETERMINE YOUR ORGANIZATION'S SWSP STRUCTURE.

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: SWSP PROGRAM DATA - COMPLETE THIS SECTION TO IDENTIFY YOUR SWSP PROGRAM COORDINATOR AND THE SWSP JOBS THAT ARE AVAILABLE AT YOUR ORGANIZATION.

1. SWSP Program Coordinator:

Name: _____

Title: _____ Telephone #: _____

Email Address: _____

2. Indicate if you wish to authorize PHEAA to advertise your SWSP job(s) online to interested students: YES NO

3. SWSP Jobs Requested:

Job Code: _____ Title: _____

Number of Available Jobs: Summer: _____ Academic Year: _____

Job Description:

Job Code: _____ Title: _____

Number of Available Jobs: Summer: _____ Academic Year: _____

Job Description:

Job Code: _____ Title: _____

Number of Available Jobs: Summer: _____ Academic Year: _____

Job Description:

Job Code: _____ Title: _____

Number of Available Jobs: Summer: _____ Academic Year: _____

Job Description:

Job Code _____ Title: _____

Number of 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 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: _____

Signature: _____

Title: _____

Telephone #: _____ Date: _____

Return the completed application to:

**PHEAA/State Work-Study Program
State Grant and Special Programs
1200 North Seventh Street
Harrisburg, PA 17102-1444
Fax: 717.720.3786
Email: matchingfunds@pheaa.org**