



State Grant and Special Programs
Phone: 717-720-2800 Fax: 717-720-3786

**Instructions for Completing the SWSP Student
Application/Placement Form (in PDF Format)**

For your convenience, the PDF version of the SWSP Student Application/Placement Form can be used to data enter your information directly into the form. You may also print the application and complete it. However, both methods require you to sign the application IN INK and send the completed form to PHEAA. Applications received without a signature will not be processed. Digital signatures will not be accepted.

SECTION 1: INFORMATION TO BE COMPLETED BY THE STUDENT

1. Please print legibly and complete ALL information.
2. Contact your financial aid office to determine if employment through SWSP will affect your financial aid.
3. EXPECTED GRADUATION DATE: High school seniors must anticipate their college graduation date.
4. Be sure Section B is completed by your employer and has the proper signatures.
5. Be sure you or the employer returns the completed application by the appropriate FILING DEADLINE.

SECTION 2: INFORMATION TO BE COMPLETED BY THE EMPLOYER

1. Please print legibly and complete ALL information. The processing of the student's application may be significantly delayed if the application is incomplete.
2. Be sure Section A and Section B are both complete and have the proper signatures.
3. Be certain to complete the Job Description section of the application.
4. Return the completed application by the deadline date to:

**PHEAA
State Grant and Special Programs
P.O. Box 8114
Harrisburg, PA 17105-8114**

DS

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1. Do not submit this form to PHEAA until you (the student) complete section 1 and your potential employer completes Section 2 of this form. Incomplete forms will be returned to the student.

Return completed form to PHEAA/SWSP, State Grant and Special Programs, P.O. Box 8114, Harrisburg, PA 17105-8114

Those employers with access to PHEAA Remote Services must submit applications online. Paper applications will be returned.

2. Filing Dates - PHEAA must receive this completed form on or before:

May 31st - Summer Employment

October 1st - Academic Year or Fall Term Only Employment

January 31st - Spring Term Only Employment

3. PHEAA will notify both the student and employer if the student can be hired through SWSP. Students may also view the status of their SWSP application online at PHEAA.org, by clicking on the "Account Access" link.

1. STUDENT DATA

NOTE: If a student is permitted to begin work before the student and employer receive SWSP job and placement approval from PHEAA, the employer is responsible for 100% of the student's earnings.

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) _____

EMAIL ADDRESS _____

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

SCHOOL CODE* _____ SCHOOL NAME _____

EXPECTED 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 # (Including area code) _____

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

STUDENT _____ SOCIAL SECURITY # _____

2. EMPLOYER DATA

NOTE: Previously approved organizations must return renewal packets annually. Employers with access to PHEAA Remote Services must submit applications online. Paper applications will be returned. Do not submit this form until the job has been offered & accepted.

PLEASE PRINT CLEARLY. Illegible information may cause delays in processing your request.

THE ORGANIZATION LISTED BELOW REQUESTS APPROVAL TO HIRE THE STUDENT LISTED ON THE REVERSE SIDE 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)

- | | |
|---|--|
| <input type="checkbox"/> A FOR-PROFIT BUSINESS/INDUSTRY | <input type="checkbox"/> A NONPROFIT ORGANIZATION |
| <input type="checkbox"/> A LOCAL GOVERNMENT AGENCY | <input type="checkbox"/> A STATE/FEDERAL GOVERNMENT AGENCY |
| <input type="checkbox"/> A POSTSECONDARY INSTITUTION | <input type="checkbox"/> A PUBLIC SCHOOL DISTRICT |
| <input type="checkbox"/> 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 (If applicable) _____

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 reverse side 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