2020-21 Federal Work-Study Community Service (FWS-CS)

Allocation Request

Pennsylvania Higher Education Assistance Agency

School Name:		**OE Code:**
Street Address:	**City:**	
	State:	**Zip:**
Federal Employer ID (EIN)**:**	**FWS-CS Coordinator:**	
Telephone Number:	**Fax Number:**	
Email:		
Does your institution wish to receive the FWS-CS match for the upcoming academic year? If "Yes," please include a copy of your Campus-based Funding Report for 2020 If "No," no further data is required. Yes ☐ No ☐		
Will your institution receive a Title III waiver for the upcoming academic year? Yes ☐ No ☐		

Certification

As an official of this organization with the authority to sign this document, I hereby certify and agree that this document: (a) certifies that the organization is eligible to participate and is requesting an allocation for the PHEAA FWS-CS Program; or (b) will not be participating in FWS-CS program for 2020; and (c) provides assurance that this organization will follow the operational procedures as outlined in the FWS-CS Program guidelines.

Name (Print)**:**	**Title:**	
Signature:	**Telephone Number:**	**Date:**

Deadline to return this form: June 30, 2020

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

PHEAA
Matching Funds State Grant and Special Programs
PO Box 8157
Harrisburg, PA 17105-8157