

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

Allocation Request

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-ON 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-ON Program; or (b) will not be participating in FWS-ON program for 2020; and (c) provides assurance that this organization will follow the operational procedures as outlined in the FWS-ON 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