

2020-21 Federal Work-Study On-Campus Program Requirements Report

School Name:	OE Code:
1. Federal funds approved (07/01/20-06/30/21):	\$
2. Funds transferred from FWSP to FSEOG (if unsure, please estimate):	\$
3. Administrative costs allowance:	\$
4. Funds transferred from FSEOG to FWSP:	\$
5. Total funds available for Work-Study (1-(2+3)+4):	\$
6. Matching funds required (multiply answer in 5 by .334):	\$
7. Matching funds from other sources (do not include PHEAA):	\$
8. Matching funds required (6-7):	\$

Please enclose a copy of your final 2020 Federal Campus-Based Program Statement of Account with this completed report.

Certification

I hereby certify that the information on this report is complete and accurate:

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

Deadline to return this form: June 30, 2020

The original, completed report and a copy of your final 2020 Federal Campus-Based Program Statement of Account should be scanned and emailed to matchingfunds@pheaa.org.