

Students May Only Work a MAXIMUM of 20 Hours per Week

Name of Grant _____

Index _____
 Fund _____
 Organization _____
 Account _____
 Program _____

**HAMPTON UNIVERSITY
 FINANCIAL AID AND SCHOLARSHIP
 FROM EXTERNAL FUNDS
 STUDENT EMPLOYMENT/STUDENT AID**

DETC# _____
 F/A Fund# _____
 Classification _____
 Major _____
 GPA _____
 AcademicYear _____

Name of Student _____ Student ID# _____
 (PLEASE CHECK ONE) United States Citizen ___ (y/n) Permanent Resident ___ (y/n) Foreign Citizen ___ (y/n)

Part I. STUDENT EMPLOYMENT: Yes ___ No ___

Local Address _____ Phone (Local) _____
 Supervisor _____ Department Placed _____
 *Effective Date of Employment _____ Max.Hrs.Per Wk. _____
 Rate of Pay per Hour _____ Amount of Student Employment _____
 *End Date of Employment _____

PROVISIONS OF THIS AGREEMENT

1. It is the responsibility of the department (Supervisor) and the Student to monitor the hours a student works. A STUDENT MAY NOT EARN OVER THE AWARD LIMIT.
2. (a) This award/employment form is first completed by the awarding department, including required department signatures and dates. (b) Next, the form is sent to the Office of Governmental Relations or to the Business Office (depending of funding source) for approval, including required signature and date. (c) Finally, the form is sent to the Financial Aid Office (FAO) for final processing.
3. The student worker and the Supervisor agree to submit all time sheets on the third working day of each month to the Business Office by 5:00 p.m.
4. The student worker must be enrolled at least half time each semester in order to be considered eligible for above award.

 Signature of Student Worker

 Date

Monthly per Semester Limits for Stipends:

Undergraduate - \$1,250
 (\$5,000 max/semester)

Graduate:
 Tier 1 - \$1,500 (1ST Time)
 Tier 2 - \$1,750 (Masters)
 Tier 3 - \$2,000 (Doctorate)

Part II. SCHOLARSHIP/GRANT AWARD: Yes ___ No ___ STIPEND SUPPORT (FYI) \$ _____

	Fall	Spring	1 st Session Summer	2 nd Session Summer
Tuition	\$ _____	\$ _____	\$ _____	\$ _____
Room and/or Board	_____	_____	_____	_____
Comprehensive Fee/Reg	\$ _____	\$ _____	\$ _____	\$ _____

Required Signatures (SIGN ONLY AFTER READING STATEMENTS BELOW):

 Principal Investigator (PI)

 Budget Executive (Vice-President/Provost)

 School Dean

 Student's Signature

 Chairperson

 Director of Financial Aid

 Asst VP for Grants Mgt/Asst VP for Business Affairs and Comptroller

BY SIGNING ABOVE, EACH SIGNING PARTY ATTESTS THAT THEY HAVE READ AND UNDERSTAND THE FOLLOWING:

- 1) A minimum of 3-5 business days for processing is required by FAO during peak periods (ex. Fall/Spring Registration)
- 2) **Students cannot exceed the above limits for stipends, whether singly or in combination with stipend assistance received from one or more PIs. The FAO reserves the right to make the appropriate adjustments and/or cancellation to ensure program compliance**
- 3) FAO must review student's account to determine eligibility for award - STUDENT AWARD MAY NOT EXCEED COST OF EDUCATION (COA) OR BUDGET ASSIGNED BY THE FAO
- 4) FAO reserves the right to reduce or cancel this award for circumstances including, but not limited to the following:
 - award creates a conflict with other award(s) on student's account
 - sum total of all aid including all external and internal aid received exceeds COA
 - any other circumstances which warrant reduction or removal of award
- 5) The recipient agrees to report all outside scholarships, tuition assistance, etc... to the FAO. **Failure to do so could result in the reduction, retraction and/or cancellation of this award**
- 6) By Federal Student Aid regulations and University policy, the FAO is the **FINAL AUTHORITY** to determine eligibility for this award