**COMMUNITY SERVICE**  
**FEDERAL WORK STUDY REQUEST**

**OFFICE OF STUDENT FINANCIAL AID**  
**XAVIER UNIVERSITY OF LOUISIANA**  
#1 DREXEL DRIVE ~PO.Box 40~NEW ORLEANS, LA 70125  
504-520-7835/FAX 504-520-7906

Qualification:
- Must have unmet need
- Must be enrolled at least 1/2 time

**Instructions:**
1. Use Blue or Black Ink to Complete this Form.
2. Submit this Complete Form to the Front Desk Personnel.
** You will be contacted thru your XULA e-mail once your eligibility has been determined.

* Completeing this form does not constitute as a Guarantee for Work Study

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**WORK ~ STUDY REQUEST**

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PHONE # ( ) ____________________________ S.S# ____________________________

ZIP CODE ____________________________

ACADEMIC MAJOR ______________________ Do You have Transportation? YES____ / NO _____

When do you want to work?

Fall/Spring ________ - ________

Fall Only ________ Spring Only ________

Summer Only ________

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FOR OFFICE USE ONLY  
(Stamp “Received” Date &Time)