

INTERSESSION WORK-STUDY REQUEST

SOUTHWESTERN INDIAN POLYTECHNIC INSTITUTE FINANCIAL AID OFFICE

PO BOX 10146 ALBUQUERQUE, NM 87184

505-346-2361/2344 PHONE 505-346-2369 FAX

Student Name

Social Security #

I am requesting aid for: ____ Fall ____ Spring ____ Summer Year: _____

All students who wish to work during the intersession must intend to enroll in the upcoming trimester. If you are interested in completing work-study during intersession, please complete the statement below and submit to the financial aid office.

I, _____, plan to attend the upcoming _____ trimester
NAME FALL / SPRING / SUMMER

and estimate my enrollment to be _____. If I change my mind prior to the start of
 $\frac{1}{2}$, $\frac{3}{4}$, FULL-TIME

the trimester, I will inform the financial aid office as soon as possible.

Signature

Date