

# Summer Federal Work Study (FWS) Budget Assessment

Summer 2017

Only for students not enrolled in Summer 2017 classes

LAST NAME:	FIRST:	MI:	STUDENT ID #:
PHONE:		E-MAIL:	
PERMANENT ADDRESS:			

If Fall 2017 is your first semester at the University of Arizona (UA), do not complete this form as you are not eligible for Summer 2017 Federal Work Study (FWS). This form is strictly for continuing UA students who will NOT enroll in at least 3 summer UA units and have already completed a Summer Federal Work Study Application.

If you do not enroll in at least 3 summer UA units, federal guidelines require that FWS earnings be used as aid during your next academic year. FWS earnings cannot be used as your means of support for the summer. This means any summer FWS earnings will be counted as financial aid for the Fall 2017/Spring 2018 terms. Your summer FWS earnings, excluding any job related expenses from this form, will reduce the amount of need based aid (grants, scholarships, subsidized loans, etc.) you can receive in Fall 2017/Spring 2018.

**If we do not receive this form, the full amount of your summer FWS earnings will carry forward to the next academic year.** These summer FWS earnings will appear on your 2017-2018 financial aid award notice as a Summer FWS Contribution and will be viewed **as aid you should have saved to cover your educational expenses for the 2017-2018 academic year.**

You can minimize your Summer FWS Contribution by answering the questions below. This will provide a better understanding of your personal job-related expenses for summer.

## Room and Board per month (June 2017-August 2017):

COSTS:	DESCRIPTION: Monthly Expenses	Monthly Amount	JUNE 2017 – AUG 2017 (Monthly Amount x 3)
Rent:	<b>PER MONTH</b> (if you have a roommate, report only <i>your</i> share)	\$	\$
Food:	<b>PER MONTH</b> ( <i>your</i> share only)	\$	\$
Utilities:	<b>PER MONTH</b> ( <i>your</i> share of electricity, gas, water, internet, trash pick-up)	\$	\$
Phone/Cell:	<b>PER MONTH</b> ( <i>your</i> share only)	\$	\$

Estimated daily cost of food during work hours:	\$
Miles from your residence to work:	
Days worked per week:	

Other miscellaneous job-related expenses. List the type of expense and the amount. Additional documentation may be needed upon request.

Expense Description	Amount
	\$
	\$

By signing this form, I certify that the information provided is accurate to the best of my knowledge.

Student Signature	Date
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**SCHOLARSHIPS  
& FINANCIAL AID**

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