

# Riverside City College Work Study New Site Application

## Agency Information

Academic Year **2024/2025**

Agency Name \_\_\_\_\_

Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Fax \_\_\_\_\_

1. \_\_\_\_\_ Non-Profit \_\_\_\_\_ For Profit

2. Agency Mission Statement, Nature of Business, and Description of Clients Served:

3. Agency Funding Sources (check all that apply)

\_\_\_\_\_ Federal \_\_\_\_\_ State \_\_\_\_\_ County/City \_\_\_\_\_ United Way

\_\_\_\_\_ Other (explain) \_\_\_\_\_

4. Agency Fiscal Year: \_\_\_\_\_ to \_\_\_\_\_

5. How many student jobs may be available at your agency during:

\_\_\_\_\_ Summer 2024 \_\_\_\_\_ 2024-2025 Academic Year \_\_\_\_\_ Summer 2025

6. Has your agency hired students through the Federal Work Study Program in the past? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes: \_\_\_\_\_ Number of students \_\_\_\_\_ Dates employed \_\_\_\_\_ Average length employed

Which institution was used to obtain student workers? \_\_\_\_\_

7. Additional Comments: \_\_\_\_\_

## (OFFICE USE ONLY)

Site Visit Date \_\_\_\_\_

Date Received

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Denied

Approved

Signature: \_\_\_\_\_

Department Dean

Date: \_\_\_\_\_