

# Riverside City College

## Work Study New Site Application

### Agency Information

Academic Year **2025/2026**

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 2025 \_\_\_\_\_ 2025-2026 Academic Year \_\_\_\_\_ Summer 2026

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: \_\_\_\_\_ Date: \_\_\_\_\_  
Department Dean