

**OFF CAMPUS AGREEMENT
FEDERAL WORK-STUDY PROGRAM
UNIVERSITY OF WISCONSIN-MADISON**

Complete Name of Organization

Street Address

City, State

ZIP

Phone

Name of Organization Director

Name of Person who will handle billing & payroll

Street Address (if different from above)

Street Address (if different from above)

City, State

ZIP

Phone

City, State

ZIP

Phone

1. Through what sources is this organization funded? (please indicate by percent)

_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

2. What is the purpose and general function of this organization?

3. For what types of jobs do you intend to hire Work-Study Program students?

4. What groups, populations and/or agencies does your organization serve?

5. What need(s) in the community does your organization serve?

**OFF CAMPUS AGREEMENT
FEDERAL WORK-STUDY PROGRAM
UNIVERSITY OF WISCONSIN-MADISON**

6a. What eligibility criteria do you use in selecting your clients or target groups?

6b. Are there any membership requirements? (Please be specific)

7. Is this position being created as a result of response to a community need, a newly created position, or some other reason?

8. Please provide any additional information, which would aid us in determining your eligibility to hire Work-Study students.

Signature of Organization Representative

Date