

Financial Aid and Scholarships Administration Building Room 124 1910 University Drive Boise, ID 83725-1315

 Phone:
 (208) 426-1664

 Fax:
 (208) 426-1305

 Email:
 FinancialAid@boisestate.edu

2023-2024

Request to Decrease Work-Study and Increase Loans

STUDENT NAME:	ID#:	PHONE #:
Deadlines for submitting this form: Nov. 15 – if fall is your last semester at Bo April 15 – spring semester deadline Summer session – whichever date is earlier		your last session, or July 15
Annual Federal Direct Loan limits (not all stude Dependent students: freshman \$5,500; sop Independent students: freshman \$9,500; so	phomore \$6,500; junior/sen	ior \$7,500
Have you been employed in a work-study posi	tion since July 1, 2023?	Yes No
Are you currently employed in more than one	work-study position?	Yes No
Reduce my work-study by: \$	_	
Loan increase request: Specific amoun	t of \$ or	As much as eligibility permits
Loan preference: Subsidized only	Subsidized and/o	or Unsubsidized
Student Signature:		Date:

If you are currently employed in a work-study position, ask your work-study supervisor to complete the following section before turning in this form to the Financial Aid Office.

To be completed by supervisor or work-study coordinator for the department/college:

As a courtesy to you, the work-study supervisor, we are including you in the process before we adjust the amount of the work-study funds awarded to the above student. While this involves extra work on your part now, we hope you will agree that it is better to be involved now rather than learn that the work-study award has been overspent and expenses charged to your department budget. You may want to contact the work-study coordinator for your department or college if you need more detailed information. The information will help us to more accurately make award adjustments.

If this employee is no longer working, what was the last date of e	mployment?
If this employee is currently working, what are the projected total work-study earnings for the AY2	024 pay periods: \$
Hiring Department's Name	
Supervisor's Name (Print) S	Supervisor's Title
Supervisor's Signature:	Phone Number