



# HARVARD Kennedy School

## JOHN F. KENNEDY SCHOOL OF GOVERNMENT

### Harvard Kennedy School of Government SUMMER WORKSTUDY APPLICATION (SUMMER 2009)

Priority Deadline: April 1, 2009

(applications considered after April 1, 2009 on a funds-available basis)

To apply for summer workstudy, you must be a U.S. Citizen or Permanent Resident and must demonstrate financial need. Your employer must be based in the United States and all work must be performed on US soil. The nature of the position must be non-profit, non-sectarian, non-partisan and not for a member of Congress or for a limited membership organization. Only work performed after June 1, 2009 can be compensated. Your employer (or the SIF program) will generally be required to pay 37.5% of your wages with a maximum hourly rate of \$17.65/ hour.

■■■ PLEASE TYPE OR PRINT NEATLY IN THE SPACES BELOW ■■■

NAME (LAST, First and Middle Initial):	PROGRAM OF STUDY:
EXPECTED GRAD DATE (Month/Year):	Have you filed a 2008/2009 FAFSA? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Have you filed a 2009/2010 FAFSA? Yes <input type="checkbox"/> No <input type="checkbox"/>
CURRENT LOCAL ADDRESS:	SUMMER ADDRESS (if known):
CURRENT LOCAL TELEPHONE:	SUMMER TELEPHONE (if known):
EMAIL ADDRESS:	
HARVARD I.D. NUMBER:	SOCIAL SECURITY NUMBER:
Are you applying for a SIF award?	Yes <input type="checkbox"/> No <input type="checkbox"/> Date of SIF Application _____
Have you received a SIF award?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you secured a summer position?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have secured a summer position, please provide the name of the organization and your anticipated dates of employment:	Name of Position:  Dates of Employment

If known, please provide the name, address and phone number of the organization for which you will be working for Summer 2009. Please also list your supervisor

■■■ SIGNATURE REQUIRED ■■■

I affirm that the foregoing statements and attached materials are true and accurate representations, to the best of my understanding. If selected, I will ensure that the demands and requirements of the position are satisfied and keep the HKS Office of Student Financial Services advised of any changes that might affect my employment.

SIGNATURE:

DATE: