

LOUISIANA TECH UNIVERSITY Office of Financial Aid

Request for Federal Work Study Program Student Employees 2026-2027

Please return this completed form to: Louisiana Tech University Office of Financial Aid PO Box 7925 Ruston, LA 71272

If you need FWS students for the Fall, Winter, Spring, or Summer Quarter, please indicate the number of students needed, which quarter(s) needed, and the job title which they will fill. Please note that a student cannot be assigned unless a job description has been provided. We will do our best to fill the positions subject to the availability of FWS students/funds.

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Department (or Agency):		Department Contact:		
Department Address:		Campus Box:	Dept Code:	
Work Location:		Telephone:		
Fax:		Email Address:		
Number of FWS Student W	orkers requested, quarter(s) needed, and job title fo	or each student:	
Number Requested	Quarter(s) Needed		Job Title	
Please list the name and C	WID's for any current FWS	Student Workers that yo	ou wish to rehire.	
Student Name			CWID	