

2026-2027 CPI WorkS Information Request

**Return by  
May 1, 2026**

Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

CPI allotment: \$ \_\_\_\_\_

CPI Index authorized for CWS: \_\_\_\_\_

Agency placement code: \_\_\_\_\_  
(see the Request letter for your placement code )

I have included a copy of our 501.c.(3) documentation (Please contact us to confirm if it is on file)

Government entity

**Please provide the names of all who need the CWS report (e.g., besides the work-study contact).**

Name:	E-MAIL address:
_____	_____
_____	_____
_____	_____
_____	_____

<b>Designated agency CWS contact:</b>	<b>E-MAIL address:</b>	<b>Phone #:</b>
_____	_____	_____

**Authorized Signer for Work-Study Agreement**

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

(Note: The agreement will be emailed at a later date once this information is received.)

I choose to NOT participate in CPI WorkS Program.

Account director signature (*handwritten*): \_\_\_\_\_

Print or type name and title: \_\_\_\_\_

Return to Penny Monson - Email to [monspenn@isu.edu](mailto:monspenn@isu.edu) or Fax to 208.282.4755 (please call to confirm receipt) or Campus Mail: Financial Aid Office, Campus Box 8077, Pocatello ID 83209, Attn: Katheryn Wareing, 208.282.2756