

2026-2027 College Work-Study Allocation Request

Return by May 1, 2026

If your department is requesting an increase,
please attach a letter explaining why the increase is needed.

Department: _____

Mailing Address: _____

Phone: _____

CWS **total** departmental allocation request: _____

Please indicate the Index(es) authorized for CWS: _____

Department/ Agency placement code: _____
(see the Request letter for your placement code / only ONE allocation request per placement code will be considered)

CAUTION: Allocation requests are for 100% of your work-study salaries for the 2026-2027 year.

I am combining two or more areas. List placement codes to be combined _____

Please provide the names of all who need the CWS report (e.g. UBO).

Name: _____ E-MAIL address: _____

Designated Department CWS contact: _____ E-MAIL address: _____ Phone #: _____

EPAF originator (if different from contact) _____ E-MAIL address: _____ Phone #: _____

I choose to NOT participate in the College Work-Study Program.

Account director signature (*handwritten*): _____

Print or type name and title: _____

Return to Penny Monson - Email to 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