

2026-2027 College Work-Study Allocation Request

Return by May 1, 2026

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

Agency: _____

Mailing Address: _____

Phone: _____

CWS **total** agency allocation request: _____

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

Agency placement code: _____ OC
(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 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:
_____	_____
_____	_____
_____	_____
_____	_____

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

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 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