

Trinity College Office of Financial Aid

Federal Community Work Study Employer Inquiry Form 2024-25 Federal Work-Study Program

Agency Name _____

Address _____

City _____ State _____ Zip _____

Is this the **first** time your agency has entered into a work-study contract agreement with Trinity College?
☐ Yes ☐ No

Type of Agency (please ✓ one):

☐ Federal ☐ Municipality ☐ Private, Non-Profit ☐ Other _____
(please specify)

What is the Agency's tax exemption classification? (e.g. 501C₃) _____

Director of Agency _____

E-mail Address _____ Phone _____

Student Supervisor _____

E-mail Address _____ Phone _____

Student's Work Location _____

How many students do you wish to employ? _____

Required Items: Please attach the following 3 documents to this form:

- an **(1) agency mission statement or summary of the organization** and **(2) detailed description of the student's job duties and/or responsibilities** for your agency; include job title, rate or range of pay per hour, beginning and end dates, and total work hours per week.
- attach a **(3) copy of your federal tax-exemption 501C₃ letter** or a copy of your State tax-exempt number.

Please return this form and required documentation to the Office of Financial Aid, Trinity College
300 Summit St, Htfd, CT, 06106 T: 860-297-2046 F: 860-987-6296 financialaidoffice@trincoll.edu