



## Off-Campus Student Employment Application Nonprofit Organizations

Organization Name \_\_\_\_\_

Name of Program/Department Applying \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_

Does your organization have nonprofit status 501C3 \_\_\_\_\_ 403B \_\_\_\_\_

Student's Direct Supervisor Name/Number \_\_\_\_\_ / \_\_\_\_\_

Address of Work Location \_\_\_\_\_

Work Location Phone Number \_\_\_\_\_ Email \_\_\_\_\_

How many students are you requesting? \_\_\_\_\_

\*(Number allowed will be contingent upon available Federal Work Study Funds)

What is anticipated start date of your program or project? \_\_\_\_\_

Please describe how the students will be supervised and trained (i.e. weekly meetings, informal contact, list any training sessions available) \_\_\_\_\_

Approximately how much time will the student spend in training related to the position? \_\_\_\_\_

In what ways is your organization currently working with Governors State University (i.e. student volunteers, interns or courses)? \_\_\_\_\_

In what ways could you strengthen your partnership relationship with Governors State University? (i.e. recruiting volunteers, attending events, collaboration on projects, service-learning, etc.)

Please briefly describe the role the student workers will play at your organization

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