

SWSP Student Application/Placement Form

1. Please complete the State Work Study Program (SWSP) before submitting to DEP. Incomplete forms will be returned to the student.
2. Filing dates - PHEAA must receive this completed form on or before (DEP will submit form to PHEAA):
 - 0 May 15 - Summer Employment
 - 0 October 1 - Academic Year or Fall Term Only Employment
 - 0 January 15 - Spring Term Only Employment
3. PHEAA will notify both the student and employer if the student can be hired through the SWSP.
4. **SWSP earnings are financial aid. Please contact your financial aid administrator if you have any questions regarding the use of your SWSP earnings in your financial aid package.**
5. Please return this form to DEP, Bureau of Human Resources, P.O. Box 2357, Harrisburg, PA 17105-2357.

NOTE: If a student is permitted to begin work before the student and employer receive SWSP job and placement approval from PHEAA, the employer is responsible for 100% of the student's earnings.

A. STUDENT DATA

Social Security # _____ Name _____

Permanent Home Address _____

Home County Name _____ Home County Code* _____

Home Phone # _____ E-Mail Address (If Applicable) _____

NAME OF POSTSECONDARY INSTITUTION YOU ARE ATTENDING AND SCHOOL CODE:

School Code* _____ School Name _____

Expected Graduation Date: Month _____ Year _____

Major Code* _____ Minor Code* _____

ONLY LIST AN ALTERNATE ADDRESS IF YOU WISH TO HAVE SWSP CORRESPONDENCE MAILED TO AN ADDRESS OTHER THAN YOUR PERMANENT HOME ADDRESS.

Alternate Address _____

Alternate Phone # _____

County Name _____ County Code* _____

Check Your Current Academic Level: Freshman Sophomore Junior Senior Graduate

Check Your Current Enrollment Status: Full-Time Part-Time

***Refer to Instructions. If your major/minor program of study code is not on the list, write the name in the space provided.**

STUDENT CERTIFICATION: I understand that submission of this form does not guarantee that I will be approved to work as an SWSP student employee of the organization listed on the reverse side of this form.

Signature _____

Date _____

Instructions for completing the State Work Study Program Student Application/Placement Form

You may complete this form in handwritten or typewritten format. If submitting the internship application and this form on-line, your signature will be obtained when employment in an internship occurs. The completed form needs to be submitted with the Department of Environmental Protection's internship application to the address at the bottom of the instructions.

SECTION A: INFORMATION TO BE COMPLETED BY THE STUDENT

1. Please print legibly and complete ALL information.
2. Contact your financial aid office with any questions you may have relative to your financial aid package.
3. EXPECTED GRADUATION DATE: High school seniors must anticipate their college graduation date.
4. School Codes may be viewed on PHEAA's internet site at http://www.pheaa.org/workstudy/school_codes.shtml.
5. Major/Minor Codes may be viewed on PHEAA's internet site at http://www.pheaa.org/workstudy/program_codes.shtml.

**Department of Environmental Protection
Bureau of Human Resources
P.O. Box 2357
Harrisburg, PA 17105-2357**

**717-783-6118
Internship Coordinator**