



## Request to Change form (Instructions)

### Request to Change Form instructions

Aid Year: 26/27

#### Request to change (Federal Work Study adjustments)

Complete this form to request a revision (increase or decrease) to a Federal Work Study allocation that you have already accepted or declined. This form can also be used to request a Federal Work Study allocation that has not yet been offered for which you would like to be considered.

Return the completed, signed and dated form to the Office of Financial Aid:

Mail: LLU Office of Financial Aid, 11139 Anderson St., Loma Linda, CA 92350

Fax: (909) 558-4283

Email: Scan page 2 of this document as a PDF. Attach to email message and send to [finaid@llu.edu](mailto:finaid@llu.edu) and/or your financial aid advisor.

Bring in: Student Services Center, through the front entrance on the left hand side



## Request to Change (Federal Work Study adjustments)

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### Student Information

Aid Year: 26/27

LLU ID# or Social Security Number: \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**Please check the school you are attending:**

☐ Allied Health ☐ Dental Hygiene ☐ Dentistry ☐ Medicine ☐ Nursing ☐ Pharmacy ☐ Public Health

☐ Interdisciplinary Studies ☐ Religion ☐ Behavioral Health ☐ IDP ☐ PT

☐ Expected Graduation or Program Completion Date: (MM/YYYY) \_\_\_\_\_ / \_\_\_\_\_

### Requested Adjustment(s)

The Federal Work-Study (FWS) program is a need based, federally-funded employment program that requires a FAFSA to be filed to determine eligibility. FWS funds are "earnings" received as a paycheck (or direct deposit) issued by the Payroll Department and not the Office of Financial Aid. *\*LLUH hourly employees are not eligible for FWS.*

FWS provides part-time employment while you are enrolled in school. FWS may also be used for practicum hours, if applicable. Changes to an existing FWS allocation or the addition of FWS may affect student loans that you have already accepted.

**Federal Work Study (FWS) adjustments**

☐ Add a work study allocation to my aid offer. Please indicate desired amount or expected earnings. \$ \_\_\_\_\_

☐ Increase my work study allocation from \$ \_\_\_\_\_ to \$ \_\_\_\_\_

☐ Decrease my work study allocation from \$ \_\_\_\_\_ to \$ \_\_\_\_\_

☐ Cancel/reduce my work study allocation and replace it with a loan in the amount of \$ \_\_\_\_\_

(Please indicate how much FWS, if any, has been earned to date) FWS earnings earned \$ \_\_\_\_\_

☐ Cancel/reduce my loan and replace with a work study allocation in the amount of \$ \_\_\_\_\_

### Other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Certification

I certify that all the information reported on this form is true and accurate to the best of my knowledge.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

#### Office Use Only

Received by: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If you have any questions, please email [Finaid@llu.edu](mailto:Finaid@llu.edu) or call (909) 558-4509

**Loma Linda University**