

Kentucky Higher Education Assistance Authority
Work-Study Program
Student Application

To Be Completed by Applicant (print or type)

Name _____ Social Security Number _____
Last First Middle

Current Address _____

City State Zip Code

Telephone Number () _____ Birthdate ____/____/____ Email _____
Month Day Year

Are you a U.S. citizen? Yes No Major Course of Study _____

Name of Business/Institution/Individual you are applying to work for: _____

UK Student ID# _____ Are you indebted to any programs administered by KHEAA? Yes No

List the name and address of the last school you attended.
 Name _____
 Address _____
 High School or Postsecondary

I hereby affirm that the information provided above is complete and true to the best of my knowledge. I further affirm that my responsibilities under this program have been fully explained to me to my satisfaction. It is my intention to enroll in the school identified below, continue to be enrolled in this school while working, and/or return to enrollment in this school after working on an alternate work-study plan under this program. I affirm that I will apply the money received under this program solely to meet those expenses related to my enrollment at the school and those expenses directly related to my employment under this program except as provided under the terms of the Alternate Student Employment Agreement.

Signature of Application Date

To Be Completed by School Official

Institution University of Kentucky Telephone Number _____
 Address _____

City State Zip Code

Please check and fill in the requested information about the applicant:

1. Enrolled or accepted for enrollment Full-time or Half-time Yes or No
2. Kentucky resident Yes or No
3. In good standing, progressing satisfactorily toward program completion, and has a "C" average cumulative GPA on all courses attempted..... Yes or No
4. Participating in another college-administered work program (if yes, ineligible for KWSP)..... Yes or No
5. Grade classification (use a number 1-6)
6. Anticipated graduation date..... / /
7. Estimated cost of education..... \$ _____
8. Itemized work-related expenses (direct only):
 - Travel (allowance at 32¢ per mile) (_____ miles one way)..... \$ _____
 - Dues..... \$ _____
 - Uniforms, tools, etc. \$ _____
9. Total cost (line 7 plus 8)..... \$ _____
10. Financial aid anticipated..... \$ _____
11. Remaining financial need eligibility (line 9 less 10)..... \$ _____

I hereby certify that the information provided above is complete and true to the best of my knowledge based upon the records of this institution, or where appropriate, information provided by the above-named student.

Signature of Financial Aid Officer Date

Kentucky Higher Education Assistance Authority
KHEAA Work-Study Program
Alternate Student Employment Agreement

The parties, being University of Kentucky
(hereafter known as "Institution") and _____
SSN _____ - _____ - _____, (hereafter known as "Student") are agreed as follows:

The Institution agrees to advise the Student of his/her rights and responsibilities under the KHEAA Work-Study Program and to reimburse a participating employer for wages earned by the Student under said program to the extent of \$2.00 per hour for each hour actually worked by the Student for so long as the Student complies with the terms of this agreement.

In consideration of this promise by the Institution, the Student agrees to:

- 1) Fulfill all employment obligations set by the participating employer.
- 2) Continuously meet all eligibility criteria established for participation in the KHEAA Work-Study Program.
- 3) Notify the Institution of any changes which may affect the Student's continued eligibility to participate in the KHEAA Work-Study Program.
- 4) Save and use those funds earned under the KHEAA Work-Study Program during this alternate period **solely** for the purpose of meeting the cost of education for the next regular school term except for expenses directly related to this employment in the amount of \$ _____ which are allowed weekly for room and board.
- 5) Enroll in the Institution for full-time attendance during the next regular school term beginning _____

The parties further agree that the terms and conditions set forth in this agreement are to be construed in accordance with the KHEAA Work-Study Program Manual, incorporated herein by reference. The Institution will make said manual available to the Student for inspection at the request of the Student.

The parties agree that any dispute pertaining to the Student's participation in the KHEAA Work-Study Program shall be resolved through the established appeal process (described more fully in the Program Manual incorporated herein by reference). The decision resulting from said appeal process shall be binding on both parties, absent errors of law and procedure.

<u>University of Kentucky</u> Institution	 Student Signature
<u>Catie Lasley</u> KWSP Officer	 Date
 Signature	
 Date	

Kentucky Higher Education Assistance Authority Work-Study Program Employer Agreement

This agreement is entered between UNIVERSITY OF KENTUCKY (hereinafter known as the Institution) and _____ (hereinafter known as Employer).

Purpose

The Institution participates in a program of work-study funded and sponsored by the Kentucky Higher Education Assistance Authority (KHEAA) pursuant to KRS 164.744(2), 164.748(4), and 164.748(7), and an agreement with KHEAA. The Institution desires, subject to the terms and conditions of this agreement, to place students participating in this program with the Employer in jobs which bear a direct correlation to the students' career directions as evidenced by their programs of study at the Institution. The Institution further intends to reimburse the Employer a portion of the gross wages paid to students by the Employer.

Terms and Conditions

In consideration of the mutual promises expressed herein, the parties agree as follows:

Institutional Responsibilities - The Institution shall:

1. Determine the initial and continuing eligibility of students to participate in this program and assure a direct correlation between each student's program of study and job in which he/she may be placed.
2. Refer to the Employer, to the extent available, qualified students who meet standards that may be set by the Employer.
3. Notify the Employer of the total number of hours the student is eligible to work per program guidelines.
4. Reimburse the Employer, within 30 days, upon presentation of a bill and evidence of wage payment, on a monthly basis, at the rate of \$2.00 per hour for hours actually worked during the period by any and all students employed pursuant to this agreement. No wage reimbursement shall be paid to the Employer for students employed during any period of time not covered by this contract. In the event that any student employed under this contract ceases to be eligible to participate in the KHEAA Work-Study Program, no wage reimbursement shall be paid for that student for any work performed more than 15 calendar days following the Employer's receipt of notification of the student's ineligibility from the Institution.

Employer Responsibilities - The Employer shall as a precondition to reimbursement:

1. Select and employ the students of its choice. The Employer may fill any or all of the positions allocated for this purpose. The Employer will be free to employ or decline employment to any student referred by the Institution under this agreement and, upon employment, to terminate said employment at any time for any lawful reason.
2. Not employ students in work and/or work environments which are sectarian in nature or which involve any partisan or non-partisan political activity.
3. Provide supervision, guidance, and training for each student employed under this agreement sufficient to afford the student an opportunity to successfully perform the work assigned.
4. Act as employer of record for purposes of withholding and payment of employment taxes and payroll functions. The Employer shall be solely responsible for all fringe benefits due the students as employees.
5. Present to the Institution on an agreed-to basis a bill and accurate, certified proof of wages paid for purposes of reimbursement.
6. Provide a safe working environment for each student employed under this agreement.
7. Present to the Institution a complete and accurate Position Analysis for each position which may be filled by a student employed under this agreement. Said Position Analysis shall set forth the duties of the position and the wages to be paid to an employee in that position and shall be attached and made part of this agreement by reference. Any changes to the Position Analysis or the student's work assignment must be promptly reported to the Institution.
8. Regulate number of hours worked by the student to ensure the student is not working more than the Institution specified.

9. Pay to each student employed under this agreement the amount of wages set forth in the Position Analysis described.
10. Not discriminate in employment on any unlawful basis.
11. Ensure that students employed under this agreement will not result in the displacement of employed workers or impair existing contracts for services.
12. Classify the KWSP participating students in the same manner as other employees performing the same or equal job tasks, including possession of all rights and obligations of any other employee of the organization, and pay prevailing wages as defined in the KHEAA Work-Study Program Manual of Procedures and Guidelines.
13. Make available for inspection by the Kentucky Higher Education Assistance Authority, the Institution, or their designated representatives, upon notice reasonable under the circumstances, all records reasonably related to the employment of any student under this agreement and provide true copies of said records upon request.
14. Repay to the Institution any and all wage reimbursement received by the Employer contrary to the terms of this agreement or the KWSP Manual of Procedures and Guidelines incorporated herein by reference.

Period of Agreement - This agreement shall become effective upon execution and any subsequent filing requirements and shall extend until terminated by either party upon thirty (30) days written notice with or without cause. Termination shall not negate any obligation of either party incurred while the agreement is in force. Nothing herein shall prevent the Employer from earlier terminating a student's employment for any lawful reasons.

Merger - This agreement and the attachments hereto represent the entire agreement between the parties, superseding any previous understandings, arrangements, or agreements.

Modifications and Assignment - This agreement may only be modified in writing executed by both parties. Any assignment or delegation of rights or responsibilities under this agreement shall automatically terminate the agreement. No action by either party shall constitute a waiver of a contractual right hereunder.

The KHEAA Work-Study Program is administered in accordance with the requirements set forth in the KHEAA Work-Study Program Manual of Procedures and Guidelines prepared by the Kentucky Higher Education Assistance Authority, which is incorporated herein by reference and made a part hereof.

The Employer hereby certifies that it does not discriminate by policy or practice on the basis of race, color, national origin, age, religion, marital status, sex, or disability in employment or activities.

The Institution hereby certifies that it does not discriminate by policy or practice on the basis of race, color, national origin, age, religion, marital status, sex, or disability in employment, educational progress, or activities as set forth in Title IX, Title VI, and Section 504. The Institution also certifies that it complies with the Americans with Disabilities Act (ADA).

Employer Name	Phone Number	University of Kentucky	859 257-9184
		Name of Institution	Phone Number
Name/Title of Employer Official		Catie Lasley, Employment Manager	
Signature		Signature	
Street		104 Scovell Hall	
City		Lexington	
State	Zip Code	KY	40506-0064
Date	Date		
IRS Entity Identification Number Date			

Kentucky Higher Education Assistance Authority
KHEAA Work-Study Program
Position Analysis

1. Employer's Name _____
Address _____
City _____ State _____ Zip Code _____
Contact Person's Name _____ Title _____
Telephone Number (____) _____ - _____ Email _____
Indicate: Private
 Public
 Higher education institution
Type of Business _____

2. Provide the following position data:

A. Position title _____ B. Minimum hours required per week _____
C. Student's name _____ D. Major field of study _____
(Must be declared)
E. Pay per hour \$ _____ F. Date position is available _____
G. Additional benefits: Insurance: Life Medical Dental
Other: Travel Retirement Annual leave Sick leave
 (Please indicate) _____
 (Please indicate) _____
H. UK Student ID _____

3. List the minimum requirements including special job skills needed.

4. Describe the major duties/responsibilities of this job.

The student will be employed under the conditions stated above and will not be utilized in work or work environments which are sectarian in nature or which involve partisan or non-partisan political activities.

Form certified by:

KWSP Officer Signature

Employer Signature

Date

Date