



Lansing Community College
 1121 – Financial Aid
 Room 203, Gannon Building
 PO Box 40010
 Lansing, MI 48901-7210
 Phone: (517) 483-1200
 Fax: (517) 483-1170
 financial_aid@lcc.edu

Workstudy Alteration Form 2008-09

NAME _____	LCC Student # _____
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EFFECTIVE SEMESTER: _____

CANCEL WORKSTUDY – I was not employed as Student Staff for this academic year

REDUCE WORKSTUDY – your award will be reduced to the amount of wages you have earned in this Award Year

My last day of work: _____

AWARD WORKSTUDY – *I understand that by accepting a Workstudy position, I am limited to the number of hours worked and gross wages received as determined by the Financial Aid Office. I understand these limitations are based upon my financial need each academic year for the time I am an enrolled student at Lansing Community College and that I must meet the requirements of Satisfactory Academic Progress.*

Signature _____ Date _____