



Lansing Community College  
1121 – Financial Aid Office  
Room 203, Gannon Building  
PO Box 40010  
Lansing, MI 48901-7210  
Phone: (517) 483-1200 (option 2)  
Fax: (517) 483-1170

## Financial Aid Work-Study Alteration Form 2009-2010

Student Name: \_\_\_\_\_ LCC Student #: \_\_\_\_\_

- CANCEL WORK-STUDY** – I was not employed as Student Staff for this academic year
- REDUCE WORK-STUDY** – your award will be reduced to the amount of wages you have earned in this Award Year

My last day of work: \_\_\_\_\_

- AWARD WORK-STUDY** – *I understand that by accepting a Work-Study 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 \_\_\_\_\_