

2024-2025 Work-Study Pay Agreement

Return to: Student Accounts (2nd Floor Beam Admin)

Lisa Arnett: arnettlc@brevard.edu

Student Name: _____

Student ID # _____

This is a Work-Study pay agreement between you as a student employee and Brevard College. The below of this contract states through the Work-Study Program you are required to work the assigned hours as established by the Financial Aid Office to pay the outstanding balance of your student account. Students will be responsible for paying any outstanding debts to Brevard College if this agreement is canceled. I understand that, if I fail to abide by the terms of this agreement, Brevard College will turn my account over to a collection agency, an action that will affect my credit standing and result in additional interest, and legal costs for me.

Work-Study Eligibility:

➤ My current work-study award \$_____ total.

(This can be found on my.brevard.edu > Students > My Financial Aid > Award Year > Financial Aid Awards “Brevard College Work”)

Paycheck Allocation (Please check an option below)

Allocation: _____% (Flat percentage) OR _____\$ (Flat amount)

- Apply **ONLY** Work-Study funds Apply **ONLY** Department work funds Apply **ALL** earnings

____ I agree to apply my Work-Study payroll checks to my tuition account to reduce my outstanding balance. I understand that I will not receive a paper check for my earnings, but rather they will be automatically credited to my student account to offset my balance. If I do not complete my Work-Study hours, I understand that I am personally responsible for the tuition balance, and bills on my account before continuing at Brevard College. I understand any outstanding balance will place a hold on my account for purposes of registering for a future class or receiving transcripts.

____ I elect **NOT** to apply my Work-Study payroll checks to reduce my tuition account balance with Brevard College I understand that I am personally responsible for a balance due on my student account.

This is a voluntary agreement that is valid based on the semester/semesters you choose below. (Please check an option below)

- Fall Semester only Spring Semester only Fall and Spring Semester

At any time, you may revoke this agreement in writing or via email with the Student Account Office. I have read and understand my financial responsibilities as a Work-Study student.

Student Signature: _____

Date: _____