

**Cornell University**  
**Office of Financial Aid**  
**and Student Employment**

Submit this form:  
 Fax: 607-255-6329  
 Online: [www.finaid.cornell.edu](http://www.finaid.cornell.edu)  
 Mail: Financial Aid Processing  
 349 Pine Tree Road  
 Ithaca, NY 14850

SUMMER 2012  
FEDERAL WORK STUDY APPLICATION

**You may apply for Summer Federal Work Study if:**

- ✓ you intend to work for an on-campus employer or with one of the Community Public Service agencies in the Ithaca area;
- ✓ you will not be enrolled in more than 6 credits Summer Session courses;
- ✓ you had Federal Work Study in your Spring 2012 financial aid package; and
- ✓ you intend to register full time for the Fall 2012 term.

The Summer 2012 FWS award is \$5000.

NOTE: If you wish to work for the New York City Public Service Corp, you must complete the agency application, available at the front desk in 203 Day Hall or at 203 Barnes Hall.

NOTE: If you are applying for FWS to work with an off-campus employer, you must complete a Develop Your Own (DYO) Internship application which is available at University Career Services in 203 Barnes Hall. Off-campus employers include employers in the local Ithaca area (*not* a Community Service employer) or an employer in any of the fifty states. Questions concerning the DYO application should be directed to Nancy Law, [nfl1@cornell.edu](mailto:nfl1@cornell.edu).

Name: \_\_\_\_\_ CU ID Number \_\_\_\_\_ Cornell Net ID \_\_\_\_\_

Telephone/Cell #: \_\_\_\_\_ Expected graduation Date (month/year): \_\_\_\_\_

Cornell College: \_\_\_\_\_

Summer Employer (Department Name): \_\_\_\_\_

Direct Supervisor Name: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

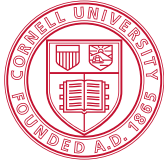
Will your position require you to be *physically* located somewhere other than the Cornell Campus in Ithaca?

YES                      NO

**If YES, you must complete the attached Hold Harmless Agreement.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY: Date Awarded: \_\_\_\_\_ Counselor: \_\_\_\_\_



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## **Cornell University Student Remote Work Agreement with Release and Hold Harmless Agreement**

The following agreement is designed to inform and protect all Cornell University student employees, and Cornell University, where the student is working off-site.

Print Name: \_\_\_\_\_ Cornell ID#: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cornell E-mail Address: \_\_\_\_\_

Department: \_\_\_\_\_

Department Location: \_\_\_\_\_

Supervisor/Director Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Position Title: \_\_\_\_\_

I state that I am of lawful age and legally competent to sign this document. I understand the terms herein are contractual and not mere recital, and that I have signed this document as my own free act and that the absence of this document and its enforceability would affect my opportunity to work remotely. In consideration of financial support provided by Cornell University for my participation in my position of student employment, I hereby agree to the following:

1. I acknowledge that my participation in this position is entirely voluntary and such participation may require transportation and habitation and that my participation may subject me to risks relating to my personal health and safety. I further acknowledge that I am traveling at my own risk and will take all precautions that I deem necessary for my personal safety and well-being including but not limited to medical precautions needed prior to the start of service (i.e., vaccinations, dental, allergy medications, etc.)
2. I hereby agree to release, hold harmless and indemnify Cornell University, its trustees, officers, directors, agents and employees from any and all damages or claims of any nature whatsoever arising out of my participation in the position. On behalf of myself, my estate, assigns, and heirs, I do hereby indemnify and hold Cornell University, its trustees, officers, directors, agents and employees harmless from any damage or liability incurred by Cornell or others as a result of my participation in this position for any costs or expenses including but not limited to hospital and medical expenses, legal and defense costs as well as settlements, judgments, fines and penalties of any nature whatsoever which may be incurred as a result of my participation in this position.

3. I acknowledge that the University and I may reserve the right to make cancellations or changes in cases of emergency. I understand that my compensation is based only on actual hours worked.
4. As a Cornell University student employee, I pledge to conduct myself in a manner that reflects favorably on Cornell University, my employer, and the United States. I agree to show a professional manner at all times reflecting respect and responsibility in my position of employment, while complying with all university policies and procedures.
5. I acknowledge that the terms and conditions of this student remote work agreement and this release indemnification and hold harmless agreement are contractual in nature and not mere recital.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*Ink Signature is required\*\***

Return form to: Office of Financial Aid and Student Employment, 203 Day Hall, Ithaca, NY 14853