



**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 2014  
ON-CAMPUS FEDERAL WORK STUDY APPLICATION

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

- ✓ you intend to work for an on-campus employer;
- ✓ you will not be enrolled in 6 or more credits Summer Session courses;
- ✓ you had Federal Work Study in your Spring 2014 financial aid package; and
- ✓ you intend to register full time for the Fall 2014 term.

The Summer 2014 FWS award is \$5000.

If your potential employer is a non-profit community service agency in Ithaca or close proximity to Ithaca, you must complete the Community Work Study Program (CWSP) application. Applications are available through the University Public Service Center online at <http://sites.google.com/site/cucwsp/>. Questions concerning the CWSP application should be directed to Sandy Hickey, [sh36@cornell.edu](mailto:sh36@cornell.edu).

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

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.

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: \_\_\_\_\_

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

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



## Cornell University Internship Program Student Agreement with Release and Hold Harmless Agreement

The following agreement is designed to inform and protect all participants in the Develop Your Own Internship Program (DYO Program) or the New York City Public Service Corps (NYC PSC), herein called “DYO Program” or “NYC PSC”: the student, Cornell University, the agencies and individuals cooperating with these Programs.

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 participation in the work study program. In consideration of financial support provided by Cornell University for my participation in a work study position, I hereby agree to the following:

Student Name: \_\_\_\_\_ CU ID#: \_\_\_\_\_

Agency: \_\_\_\_\_

1. I acknowledge that my participation in this program is entirely voluntary and such participation will 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 DYO Program or NYC PSC. 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 program 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 program.
3. FOR DYO interns: I am aware that Cornell University and the DYO Program are not establishing an employer / employee relationship with the agency or me. All funds received have only enabled this internship opportunity and therefore I understand that I am personally responsible to resolve any and all problematic circumstances independent of Cornell University, or the DYO Program.

FOR NYC PSC interns: I am aware that Cornell University is not establishing an employer /employee relationship with the agency or me. All funds received have only enabled this internship opportunity and therefore I understand that I am personally responsible to resolve

any and all problematic circumstances independent of Cornell University, or the NYC PSC Program.

4. I acknowledge that the University and I may reserve the right to make cancellations or changes in cases of emergency. I understand that my Federal Work Study reimbursement is based only on actual hours completed. If I am unable to complete my internship, or Cornell University, the DYO Program, the NYC PSC or the sponsoring agency cancel my internship, I agree to forgo the remaining funds provided by the DYO Program or NYC PSC.
5. I acknowledge that the wage reimbursement will be a maximum of \$3,000 for DYO employers, and that it is not intended to be reflective of current summer job or internship salaries for college students.
6. As a participant in this DYO Program or NYC PSC, I pledge to conduct myself in a manner that reflects favorably on Cornell University, the sponsoring agency, and the United States. I agree to show a professional manner at all times reflecting respect and responsibility in my community service position.
7. I acknowledge that the terms and conditions of this internship agreement and this release indemnification and hold harmless agreement are contractual in nature and not mere recital.

PRINT NAME: \_\_\_\_\_

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

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

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

Home Phone: \_\_\_\_\_

Cornell E-mail Address \_\_\_\_\_ Summer E-mail: \_\_\_\_\_

Summer Address: \_\_\_\_\_

Summer City, State, Zip: \_\_\_\_\_

Summer Phone: \_\_\_\_\_ Dates of Summer Address: \_\_\_\_\_

Agency: \_\_\_\_\_

Supervisor/Director Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Agency City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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