UNIVERSITY OF CALIFORNIA, RIVERSIDE
2018-2019 FEDERAL WORK-STUDY PROGRAM
EMPLOYER PROFILE

Agency/Employer: ________________________________ Date: ________________

Address: ____________________________________________

Website: ____________________________________________

Phone: (____) __________________ Fax: (____) __________

Chief Officer of Organization: ___________________________

Name ______________________ Title ______________________

Contact Person for Work-Study: __________________________

Name ______________________ Title ______________________

Telephone: (____) ______ Fax: (____) ______

E-mail ____________________________

Address where work is to be performed, if different from employer’s principal office:
________________________________________________________________________

Is the employer a Federal, State, or local public agency or private non-profit agency?
Yes □ No □ DO NOT LEAVE BLANK

Is the employer classified by the Internal Revenue Service as a tax-exempt organization?
Yes □ No □ DO NOT LEAVE BLANK

Employer’s Federal Tax ID#

List specific activities of the organization:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Return to: Tami Disney | Fiscal Assistant, Financial Aid
Financial Aid Office - 2106 Student Services Building
900 University Ave, Riverside, CA 92521-0211