

SUNY DOWNSTATE MEDICAL CENTER
Office of Financial Aid
450 Clarkson Avenue, Box 110
Brooklyn, NY 12203
(718) 270-2488

FEDERAL COLLEGE WORK-STUDY ACCOUNT BALANCE FORM 2018-2019

Please use this form to keep track of your College Work-Study award balance. To begin, list your original Award in the award column. With each paycheck thereafter, deduct the gross amount of your paycheck from your original Award amount. When your award balance reaches \$500 and you would like to continue working in the College Work-Study program, you must fill out a request for an award increase. **You will not be paid for hours worked that exceed your College Work-Study award.** If you receive an award increase please be sure to include it on the account balance form.

ORIGINAL AWARD AMOUNT	PAY PERIOD	GROSS AMOUNT OF PAYCHECK	BALANCE
Example: \$1500	03/22/18 – 04/04/18	\$175	\$1325
	04/05/18 – 04/18/18		
	04/19/18 – 05/02/18		
	05/03/18 – 05/16/18		
	05/17/18 – 05/30/18		
	05/31/18 – 06/13/18		
	06/14/18 – 06/27/18		
	06/28/18 – 07/11/18		
	07/12/18 – 07/25/18		
	07/26/18 – 08/08/18		
	08/09/18 – 08/22/18		
	08/23/18 – 09/05/18		
	09/06/18 – 09/19/18		
	09/20/18 – 10/03/18		
	10/04/18 – 10/17/18		
	10/18/18 – 10/31/18		
	11/01/18 – 11/14/18		
	11/15/18 – 11/28/18		
	11/29/18 – 12/12/18		
	12/13/18 – 12/26/18		
	12/27/18 – 01/09/19		
	01/10/19 – 01/23/19		
	01/24/19 – 02/16/19		
	02/07/19 – 02/20/19		
	02/21/19 – 03/06/19		
	03/07/19 – 03/20/19		