



IPFW Need Assessment

FWS Community Service Program

Returned completed form with attached job descriptions to:

IPFW • Financial Aid Office • Attn: Gerald Curd • 2101 E. Coliseum Blvd • Fort Wayne IN • 46805

Agency Name: _____ **Date:** _____

Contact Name: _____ **Title:** _____

Address: _____ **Phone:** _____
Street City State Zip

1. _____ Non-Profit _____ For Profit E-mail address: _____

2. Agency Mission Statement and Description of Clients Served: _____

3. Agency Funding Sources (check all that apply):

_____ Federal _____ State _____ County/City _____ United Way
_____ Other (explain): _____

4. Agency's Fiscal Year: _____ to _____

5. Agency's Staffing (number of positions): _____ Full-time paid staff _____ Part-time paid staff
_____ Student employees _____ Volunteers

6. How many student jobs may be available at your agency during:
Academic Year (August – May) _____ Summer (May – August) _____

7. For each student job expected to be available as indicated in #6, provide the following information, attaching a separate sheet for each position: Job Title, Rate or Range of Pay per Hour, Begin and End Dates, Work Schedule-Days and Hours, Total Hours/Week, Description of Duties, Qualifications and Experience (indicate preferred or required)

8. Has your agency hired students through the Federal Work-Study Program in the past?
_____ YES _____ NO

If YES: Number of students: _____ Dates employed: _____
_____ Average length employed: _____

9. Additional Comments: _____

IPFW Use Only: _____ Approved _____ Denied By: _____ Date: _____ Type of FWS: Regular (75/25) _____ Community Service (75/25) _____ Reading/Math (100) _____
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