



Agency Name \_\_\_\_\_ Date \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP Code

1. Is your agency:  Non-Profit  For Profit  Government Federal Tax I.D# \_\_\_\_\_

2. Agency Mission \_\_\_\_\_

2a. Please indicate funding sources (check all that apply):  Federal  State  County  United Way  
 Government  Other (please explain) \_\_\_\_\_

2b. When does your fiscal year begin? \_\_\_\_\_ When does your fiscal year end? \_\_\_\_\_

2c. Please indicate what percent of your client base is low-income \_\_\_\_\_

2d. Organization staff (how many) \_\_\_\_\_

Full-time paid staff \_\_\_\_\_ Part-time paid staff \_\_\_\_\_ Work-Study students \_\_\_\_\_ Volunteers \_\_\_\_\_

3. Has your agency ever hired students through the Federal Work-Study program?

What year? \_\_\_\_\_  Yes (please go to question #3a)  No (please go to question #4)

3a. Number of students \_\_\_\_\_

3b. How well did the students meet your agency's needs? Please check one:

Not at all  A little  Somewhat  Well  Very well

4. Are you interested in participating in the Community Service program?  Yes  No

5. Do you know of other departments and/or agencies we should contact? Please list the contact names, titles, organizations, and phone numbers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. How many student jobs may be available with your agency? \_\_\_\_\_

Summer I year \_\_\_\_\_  Summer II year \_\_\_\_\_  Fall year \_\_\_\_\_  Winter year \_\_\_\_\_

Thank you for your time in answering this questionnaire. Return this form to:

Return this form to:

Tina Felcyn  
Financial Aid Officer & Federal Work-Study Coordinator  
Student Financial Resources & Scholarships/  
Placement Services & Cooperative Education  
Oakland Community College  
2900 Featherstone Road, K-100  
Auburn Hills, MI 48326-2845  
cmfelcyn@oaklandcc.edu (248) 232-4642 Fax 248.232.4650