



Agency Name _____ Date _____

Contact Person _____ Phone _____

Address _____
Street City State ZIP Code1. 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 well4. 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:

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 Student Financial Resources & Scholarships/
 Placement Services & Cooperative Education
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 Auburn Hills, MI 48326-2845
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