SWSP Student Application/Placement Form

Once you have verified your eligibility and have been offered a job with a potential or participating SWSP employer, the next step is to fill out Form B: SWSP Student Application/Placement Form. Be sure to detach Form A if you have not done so already. Fill out the Student Data Section (Section 1). To avoid delays in processing your application, please be sure that all information is accurate and complete. Incomplete applications will be returned.

Once you have completed the Student Data Section, your employer will need to fill out the Employer Data Section (Section 2). Employers with access to PHEAA's Remote Services MUST submit the completed SWSP Student Application/Placement Form electronically. Otherwise, the application can be mailed. PHEAA will notify both you and your employer of your SWSP eligibility. You may also view the status of your application online at PHEAA.org by clicking on the “Account Access” link.

FILING DATES - PHEAA MUST RECEIVE THIS COMPLETED FORM ON OR BEFORE:
- May 31st - Summer Employment
- October 1st - Academic Year or Fall Term Only Employment
- January 31st - Spring Term Only Employment

**STUDENT DATA**

- SOCIAL SECURITY # __________________ NAME __________________
- PERMANENT HOME ADDRESS (Must include Street Address) __________________________________________
- HOME COUNTY NAME __________________ HOME-COUNTY CODE* __________________
- HOME PHONE # (including area code) __________________ CELL PHONE # (including area code) __________________
- EMAIL ADDRESS __________________
- SCHOOL CODE AND NAME OF POSTSECONDARY INSTITUTION YOU ARE GOING TO BE ATTENDING:
  - SCHOOL CODE* 003233
  - SCHOOL NAME Alvernia University
- EXPECTED COLLEGE GRADUATION DATE: MONTH ___________ YEAR ___________ MINOR __________________
- CHECK YOUR CURRENT ACADEMIC LEVEL (For the Summer program, indicate your academic level for the upcoming Fall semester):
  - □ Freshman
  - □ Sophomore
  - □ Junior
  - □ Senior
  - □ Graduate Student
- CHECK YOUR CURRENT ENROLLMENT STATUS (For the Summer program, indicate your enrollment status for the upcoming Fall semester):
  - □ Full-Time (12 or more credits)
  - □ Half-Time (6 or more, but less than 12 credits)
  - □ Part-Time (Less than 6 credits)

**ALTERNATE ADDRESS**

- ALTERNATE PHONE # (Including area code) __________________
- COUNTY NAME __________________ COUNTY CODE* __________________

**SIGNATURE**

DATE 02/16/16

2016-11

NEXT: Submit your application to your employer. Be sure to verify all applicable sections are complete and accurate.