



Financial Aid Office
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Philadelphia, PA 19114
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www.holyfamily.edu/finaid

Holy Family University Federal Work-Study Position Description Form

Department: _____ Campus Phone #: _____

Position Title: _____

Department Location (name of building and room number): _____

Supervisor Name: _____ EMAIL: _____

Number of students to be employed under this position description: _____

Check ALL that apply: Day time hours Evening hours Weekend hours
 Fall semester Spring semester Summer I Summer II

Approximate number of hours per week: _____

Primary duties and responsibilities (be specific):

Qualifications Needed:

Supervisor Signature: _____ Date: _____

Please save a copy of this completed form for your records.

Please EMAIL a copy of the complete form to the Financial Aid Office at work-study@holyfamily.edu