WORK COLLEGES
CONSORTIUM

MEMBERSHIP APPLICATION

Please provide the following information

College / University: _____

Federal OPE ID#: _____

Who is completing this form?

Name: _____

Phone: _____ Email: _____

Please provide names, phone numbers, and email addresses for:

President: _____

Director of Financial Aid: _____

Dean of Work: _____

1) Who is your accrediting agency? _____

a) Are you under any form of probation or sanctions? Yes No

b) If so please explain:

_____

Work Learning Service

WORK COLLEGES CONSORTIUM
CPO 2163
BEREA, KENTUCKY 40404

P: 859.985.3156
E: INFO@WORKCOLLEGES.ORG
W: WORKCOLLEGES.ORG

2) When were you recognized as a Work College by the U.S. Department of Education?

_____

3) Do you receive Title IV funding? Yes No

4) Do you participate in the Federal Work Study Program? Yes No

5) How long have you participated in Federal Work Study? _____

6) Which federal student aid programs do you administer? And for how long have you administered them?

_____

7) Are you currently under monitoring by the U.S. Department of Education? Yes No

Including but not limited to: federal compliance, financial responsibility, and administrative capabilities
If yes please explain:

_____

8) Do you file IRS Form 990? Yes No

9) How long have you operated a comprehensive work-learning-service program?

_____

10) How long has your comprehensive work-learning-service program been mandatory for all resident students?

_____

11) Please answer the following questions and provide materials that describe and document your work program.

a. How many hours are students required to work?
b. How do you document and capture hours worked and work performance?
c. How is student work evaluated?
d. Do students receive a grade for work, a work transcript, or work certificate of some type?
e. How is work integrated into your educational program?
f. How do you handle students (and their accounts) when they work over or under hours?
g. Do work supervisors receive training?

12) Describe how service is integrated into the culture of your institution.

13) Do you agree to the Articles of Association? Yes ◯ No ◯

14) Do you agree to the Consortium's Fiscal Agency Agreement with Berea College? Yes ◯ No ◯

15) Do you agree to make annual contributions to the WCC budgets? Yes ◯ No ◯

Please return this application and supporting documentation to:

Brenda Boggs, Executive Director
Work Colleges Consortium
CPO 2136
Berea, KY 40404

brenda@workcolleges.org
859-985-3156