All colleges and universities participating in the Federal Work–Study Program are required to fill out detailed reports for the United States Department of Education. These reports will include numbers of students participating in the program and the names of the agencies employing those students, as well as some specific information. Please provide the information requested below and return this sheet to me as soon as possible and include a copy of your tax-exempt status documentation.

Thank you for your assistance.

Valerie Schumacher, Student Employment Coordinator
Student Financial Services, College Hall, Smith College, Northampton, MA 01063
vschumac@smith.edu

1. Name of Agency _______________________________________________________

2. Address ______________________________________________________________

3. Please check the applicable level of control for your agency:
   ___ Federal   ___ County or multiple county
   ___ State     ___ City or town
   ___ Regional (interstate)   ___ Private
   ___ Unified program involving both public and private agencies

4. Please check the classification under which your agency falls:
   ___ Higher Education
   ___ Elementary & Secondary Education
   ___ Preschool education, child welfare, daycare
   ___ Services for mentally, physically or emotionally handicapped
   ___ Recreation, sports, leisure-time activities
   ___ Juvenile & Youth Programs
   ___ Services for the Aging
   ___ Employment services, services for the economically disadvantaged, Emergency Relief
   ___ Health Services
   ___ Community improvement & public service projects, econ. development
   ___ Resource management, conservation
   ___ Consumer protection, pollution abatement, sanitation
   ___ Law enforcement, defense, tax collection
   ___ Information & dissemination, Fine Arts
   ___ Management & Administrative services
   ___ Research
   ___ Multiple Purpose
   ___ Other. If checking this, please provide a description of the agency and the work performed

Signed ___________________________  Date ___________________