



**COAHOMA COMMUNITY COLLEGE**  
**Federal Community Service Work Study Program**  
**Eligibility Form**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_

Agency is:  Non-Profit  Public/Government (city/county/state/federal)

When does your fiscal year Begin \_\_\_\_\_ End \_\_\_\_\_

Please indicate funding sources (checking all that apply):  Federal  State  County  Other

**How does the employer:**

1.) meet the requirement of improving the quality of life for community residents?

2.) improve the quality of life for low income individuals?

3.) solve particular problems related to the needs of low income individuals?

4.) What percent of your clients base is low income?

**Employer services included:**

mentoring activities

social services

crime prevention & control

transportation

welfare

public safety

feeding program

recreation

tutoring services

specified service for agencies identified in the Nation & Community Service Act of 1990

other services not listed: \_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY**

organization approved for Community Service Work-Study Program

organization does not qualify