

Dining Services

COLLEGIATE ADVANTAGE PROGRAM

Have you participated in the CAP Program before? Yes No

PLEASE PRINT

I, _____, enter into the following agreement with Eastern Michigan University to work in Dining Services during the **Fall 2004** semester in exchange for credit toward room and board costs for **Wise Hall**.

You are contracting to work from **8/24/2004** through **12/18/2004**, (even if you have completed your contracted amount of hours before the end of the semester listed above).

PLEASE CHECK ONE:

I agree to work **345** hours this semester on the full CAP Program for an anticipated amount of **\$3,041.00**

I agree to work **172.5** hours this semester on the half CAP Program for an anticipated amount of **\$1,520.50**

*****PLEASE READ*****

CONTRACT REQUIREMENTS & INFORMATION

*****PLEASE READ*****

- **You will be required to maintain 7 credit hours throughout each semester to remain eligible.**
- If you do not fulfill the expected contracted hours, your actual hours worked will be recalculated at a minimum wage per hour, which will generate an outstanding balance for your room and board charges on your student account.
- The contracted amount is applied toward your room and board through the Financial Aid Office, and is then applied directly to your student account. **You will not receive payroll checks on this program.**
- Dining Services is not responsible for any late fees accrued on your student account.
- **Taxes are not taken out**, but must be claimed when you file. You will receive a W2 Form, stating the amount you need to claim, which will be sent to your permanent mailing address by January 31 st.
- **Pell Grants are not affected.**
- If you are participating in the CAP Program you **cannot** be on College Work Study.
- **Stafford Loans and/or Scholarships may be affected.** (It could decrease the amount you receive.)
- If you are ill, etc., and cannot meet the required number of contracted work hours, you must contact your supervisor the first day upon returning to work to arrange to make up those missed hours.
- If you should work over your contracted hours, you will be hired in as a regular student to receive a paycheck and work through the contracted period of time.
- **DO NOT CONTACT** Student Accounting, Financial Aid, or Payroll offices for questions regarding this program. Contact Dining Services at 734.487.0418.
- You are subject to all rules and regulations according to the Housing Student Handbook, and the Dining Services Employee Handbook (and may be discharged for any infractions).
- **A new contract will be required each semester** to be submitted to the Dining Administrative Assistant II or Senior Secretary by:

Contract Deadline: September 10, 2004 (Fall Semester) January 12, 2005 (Winter Semester)

NOTE: CAP contracts can only be changed by (Fall Semester) September 30, 2004 & (Winter Semester) January 30, 2005.

Having read above, I understand and agree to the terms and conditions of the Collegiate Advantage Program (CAP).

AGREED & ACCEPTED

Student Signature

Date

Parent or Guardian Signature (if under 18 years of age) _____

Date

PLEASE FILL IN THE BELOW INFORMATION

Permanent Home Address	E Number	Social Security Number	Birth Date
City	State	Zip	Residence Hall Address
Permanent Home Telephone Number ()	What is the name of the Dining Service location that hired you?	Have you filled out a WAP-37?	Do you have a copy of your work schedule signed by your Unit Manager?
			Residence Hall Phone Number 7-
			Are you currently enrolled as an International Student?

DINING ADMINISTRATIVE OFFICE USE ONLY!!!!

Dining Fund Number Assigned to:	Was a WAP-37 submitted?	Was a work schedule submitted signed by the Unit Mgr.?	Is this student an International Student?
Is the E Number submitted above correct? Yes or No, if not write the correct number.	Is the SSN submitted above correct? Yes or No, if not write the correct number.	Please verify the student's birth date with University records & write it below.	Date Contract Processed in Database:
Date Award Letter Processed in Database:	Initials of person who processed award letter in database:	Date Award Letter Sent to Financial Aid:	Initials of person who entered contract in database:

Contract Approved by: _____ **Date Approved:** _____

Dining Services Representative Signature
White – Dining Services Office

Yellow – Dining Unit

Pink - Student