

**Community Development Work  
Study Program  
Student Data Sheet**

**U.S. Department of Housing  
and Urban Development**  
Office of University Partnerships

OMB Approval No. 2528-0175  
(exp. 9/30/2010)

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The information collection requirements contained in this notice of funding availability and application kit will be used to rate applications, determine eligibility, and establish grant amounts for the Community Development Work Study Program, (CDWSP). Total reporting burden for collection of this information is estimated to average 1hour. This includes time for reviewing instructions, searching existing data resources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information submitted in response to the notice of funding availability for CDWSP is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 189 (Pub. L. 101-235, approved December 15, 1989, U.S.C. 3545). The agency may not conduct or sponsor, and a person is not required to, a collection of information unless the collection displays a valid control number.

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Institution: \_\_\_\_\_ Grant #: CDWS \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Report : \_\_\_\_\_ Interim: \_\_\_\_\_ Final: \_\_\_\_\_

Student:: \_\_\_\_\_ Gender: \_\_\_\_\_

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Ethnicity: (Select one) Hispanic or Latino  Not Hispanic or Latino

Race: (Select one or more)

American Indian or Alaska Native  Asian  Black or African-American   
Native Hawaiian or Other Pacific Islander  White

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Date Student Entered Program: \_\_\_\_\_

Degree/Major/Concentration: \_\_\_\_\_

Hours Required for Degree: \_\_\_\_\_ Qtr. Hrs. or \_\_\_\_\_ Semester Hrs.

Hours Completed Through Reporting Period: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Work Placements: Initial  Second  Third   
(Check appropriate placement)

Agency Name: \_\_\_\_\_

Position: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Date Student Will Graduate/Did Graduate From Program: \_\_\_\_\_

Date Student Withdrew\* From Program Without Completion: \_\_\_\_\_

Grant Funds Expended Through This Reporting Period:

Administrative Allowance	_____
Work Stipend	_____
Tuition and Fees	_____
Additional Supprt	_____

\* An explanation of students's withdrawal must accompany the Student Data Sheet