

**FEDERAL WORK-STUDY
APPLICATION**

NAME: _____ SOC. SEC.#: _____
ADDRESS: _____ PHONE#: _____
_____ BIRTHDATE: _____
_____ EMAIL: _____
MAJOR IN COLLEGE: _____
YEAR IN COLLEGE: _____
GRADE PT. AVERAGE: _____
AVAILABLE TO WORK: DAY or EVENING

SPECIAL ABILITIES

(Include any quality about yourself to make you most employable - typing, filing, good math ability, computer experience, dependability, eagerness)

JOB EXPERIENCE

(Include work-study positions as well as outside employment)

EMPLOYER	RESPONSIBILITIES
_____	_____
_____	_____
_____	_____

JOB OPPORTUNITIES

Community Service/Literacy positions are available on campus as part of the Federal Workstudy Program.

Would you be interested in a tutoring/family literacy position? _____ Yes _____ No

*******FOR OFFICE USE ONLY*******

Position Authorized _____
Hours Award: Fall _____ Spring _____ Summer _____
Supervisor's Signature: _____

STUDENT AGREEMENT

I understand that in order to remain employed under the Federal Work-Study Program I must:

1. Maintain academic progress.
2. Perform a satisfactory job, and cooperate with the department's procedures to which I am assigned.
3. Adhere to work schedules.
4. Notify my supervisor of absences in advance if possible. If not, notify him/her as early as possible on the day of absence.
5. Request approval from the program coordinator if I work more than 20 hours a week. (40 hrs. per pay period)
6. Notify the Financial Aid Office if I decide to terminate employment.
7. Maintain confidentiality if required to work in an area where applicable.

Student Signature

Date

THIS APPLICATION IS NOT A PROMISE OR GUARANTEE OF EMPLOYMENT.