



2019-20
Columbia Gorge Community College
Work Study Information

NAME _____

ADDRESS _____

PHONE NUMBER _____

MAJOR _____ **# OF YEARS AT CGCC** _____

WORK

EXPERIENCE _____

COMPUTER

SKILLS _____

OTHER

SKILLS _____

WHAT YOU WANT CGCC TO KNOW ABOUT YOU _____

SIGNATURE _____ **DATE** _____