

FORM TITLE: FEDERAL WORK-STUDY EMPLOYMENT APPLICATION

FORM USE: A student is required to complete this application to apply for Federal Work-Study employment.

INSTRUCTIONS:

Student Information (1-12):

1. Student's first name, middle initial and last name.
2. Student's Social Security Number.
3. Student's residential address.
4. Student's city of residence.
5. Student's state of residence.
6. Student's zip code.
7. Student's telephone number.
8. List any previous work experience/employers and dates of employment.
9. List the hours (AM/PM) student is available for work Monday through Friday.
10. List the hours (AM/PM) student is available for work on Saturday and/or Sunday.
11. List any skills student may possess or activities of interest.
12. Student's signature and date.

Financial Aid Administrator (13-16):

13. Award period for eligible student.
14. Award amount for eligible student.
15. If ineligible, list the reason(s) why the student was not eligible for a Federal Work-Study award.
16. Financial Aid Administrator's signature and date.

PROCESSING INSTRUCTIONS:

Keep this form in the student's Federal Work-Study file.

FEDERAL WORK-STUDY EMPLOYMENT APPLICATION

The Federal Work-Study program is a federally funded program that provides part-time jobs for students who are eligible for financial aid and are in need of money to help pay educational expenses. To apply for Federal Work-Study employment, a student is required to complete this application.

Student Information

Name: _____ [1] Social Security #: _____ [2]

Address: _____ [3]

City: _____ [4] State: _____ [5] Zip Code: _____ [6] Phone #: _____ [7]

List other work experience and date(s) of employment: [8]

List the hours you are available for work Monday through Friday: [9]

Mon: _____ Tue: _____ Wed: _____ Thu: _____ Fri: _____

List the hours you are available for work on the weekends: [10]

Sat: _____ Sun: _____

List any skills (typing, etc.) or activities (sports, etc.): [11]

[12]

Student's Signature

Date

(For Financial Aid Office Use Only)

Eligible

Award Period: _____ [13] _____

Award Amount: _____ [14] _____

Ineligible

Reason: _____ [15]

[16]

Financial Aid Administrator's Signature

Date

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Student Information

Name: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

List other work experience and date(s) of employment:

List the hours you are available for work Monday through Friday:

Mon: _____ Tue: _____ Wed: _____ Thu: _____ Fri: _____

List the hours you are available for work on the weekends:

Sat: _____ Sun: _____

List any skills (typing, etc.) or activities (sports, etc.):

Student's Signature _____

Date _____

(For Financial Aid Office Use Only)

Eligible

Award Period: _____

Award Amount: _____

Ineligible

Reason: _____

Financial Aid Administrator's Signature _____

Date _____