

# Federal Work Study Application

DATE: \_\_\_\_\_

CAMPUS: \_\_\_\_\_

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

TELEPHONE#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Please list skills & experience below so that we may match you with appropriate position:

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MAJOR: \_\_\_\_\_ CURRENT GPA: \_\_\_\_\_

EXPECTED GRADUATION DATE: \_\_\_\_\_

## For Financial Aid Office Only:

[  ] Qualified for College Work Study [  ] Not Qualified

Student Maximum Earnings Eligibility: \$ \_\_\_\_\_ for Period \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Aid Counselor

**PLEASE RETURN COMPLETED FORM TO THE DEPARTMENT OF STUDENT SERVICES**

### OFFICE USE ONLY

Approval #: \_\_\_\_\_ Department Assigned: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Start Date: \_\_\_\_\_

Hourly Pay: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_ Days of Employment: S M T W T F S