

Office of Financial Aid  
 Work Study Application 2020-2021



**STUDENT INFORMATION**

Student Name:	Student ID:
Student Address:	Student Date of Birth:
City, State, Zip:	Student Email:
Student Phone:	Student Alternate Phone:

**REQUIREMENTS**

- Complete the FAFSA at [www.fafsa.ed.gov](http://www.fafsa.ed.gov).
- Complete the Work Study Application.
- Must be able to work at least 19 hours per week.
- Must be enrolled in at least 6 credit hours.
- Must be Meeting SAP or on an Academic Plan.
- Must be able to pass background check.

Semester requested (Check all that apply): <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Are you currently a work-study student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your major?
What is your classification? <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior	
Indicate your preference for work hours: <input type="checkbox"/> Weekday morning <input type="checkbox"/> Weekday afternoon <input type="checkbox"/> Weekday evening <input type="checkbox"/> No preference	

List the top 3 departments you would like to work in

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Interested in working off campus? <input type="checkbox"/> Yes <input type="checkbox"/> No
Interested in working with elementary students? <input type="checkbox"/> Yes <input type="checkbox"/> No
Interested in mentoring at high schools? <input type="checkbox"/> Yes <input type="checkbox"/> No

**EDUCATION**

School	City/State	Graduated?	If no, # years left	Graduation Date	Degree Received	Major
HS:						
GED:						
College:						
Other:						

## WORK EXPERIENCE

Please detail your **entire** work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately.

**Attach additional sheets if necessary.** Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time, military, or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume." **PLEASE NOTE:** Grayson College reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From:                      To:		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk:	Title:
Starting Salary:		Organization Name & Address:	
Ending Salary:			
Supervisor's Name, Title & Phone:	Other Reference Name, Title & Phone:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate	
Primary duties:		Reason for leaving:	
Dates Employed (most recent position) From:                      To:		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk:	Title:
Starting Salary:		Organization Name & Address:	
Ending Salary:			
Supervisor's Name, Title & Phone:	Other Reference Name, Title & Phone:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate	
Primary duties:		Reason for leaving:	
Dates Employed (most recent position) From:                      To:		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk:	Title:
Starting Salary:		Organization Name & Address:	
Ending Salary:			
Supervisor's Name, Title & Phone:	Other Reference Name, Title & Phone:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate	
Primary duties:		Reason for leaving:	
Dates Employed (most recent position) From:                      To:		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk:	Title:
Starting Salary:		Organization Name & Address:	
Ending Salary:			
Supervisor's Name, Title & Phone:	Other Reference Name, Title & Phone:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate	
Primary duties:		Reason for leaving:	

CLASS SCHEDULE		
Term:	Year:	
COURSE	DAY	TIME

AVAILABILITY TO WORK	
Include all hours you are available to work, different departments have different hours.	
DAY	TIME

REFERENCES (include at least 3)			
NAME	RELATIONSHIP	PHONE NUMBER	EMAIL

SIGNATURE		
Student Printed Name:	Student Signature:	Date:

FINANCIAL AID OFFICE USE ONLY		
FAFSA Complete? Y/N	COA:	EFC:
FinAid::	Unmet Need	Amount of Eligibility:
Amount of Eligible Hours:	SAP: Good / AP / Warn / Susp.	Supervisor:
Ext.:	Department Placed In:	FAO:
Comments:	Start Date:	DATE:

Grayson College Financial Aid Office • 6101 Grayson Drive, Hwy 691 Denison, TX 75020-8299  
 Email to: [financialaid@grayson.edu](mailto:financialaid@grayson.edu) • Fax to: 903.463.3908

Students are REQUIRED to use their GC canvas account or their GC email account for all electronic communication. GC faculty and staff will not reply to student communication that is sent through an email account other than their GC issued email account or canvas account in order to ensure the identity of the student when communicating electronically.