

**Office of Financial Aid**  
**Work Study Application 2021-2022**

*Application to apply for Federal and/or State Work Study jobs available on or off campus*



**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 studentaid.ed.gov.
- Complete the Work Study Application.
- Ability to work up to 19 hours per week.
- Enrolled in at least six credit hours.
- Meeting FA SAP or on a Success Plan.
- Must be able to pass a 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
What is your current major?	For special programs, have you been accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your classification? <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior	
Indicate 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 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	Do you have reliable transportation? <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 Name	City/State	Graduation Date	Degree Received	Major
HS:				
GED:				
College:				
Other:				

*Continued on back →*

## 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."

**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: _____
<hr/>		
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: _____
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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

\*Please provide schedule for the first term that you are applying for.

AVAILABILITY TO WORK	
Include all hours available to work, different departments have different hours.	
DAY	TIME
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

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

SIGNATURE		
<b>Student Printed Name:</b>	<b>Student Signature:</b>	<b>Date:</b>

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:

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