



## Requirements

- Complete the current year FAFSA.
- Complete the Work Study Application.
- Ability to work up to 20 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.

## Required Documents

Provide a copy of an up-to-date resume

\* = required field

### Student Information

Student Name\*: \_\_\_\_\_ Email\*: \_\_\_\_\_  
Student ID\*: \_\_\_\_\_ Phone Number\*: \_\_\_\_\_  
Date of Birth (m/d/yyyy)\*: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### Student Address

Street Address\*: \_\_\_\_\_  
City, State, and Zip Code\* \_\_\_\_\_

### Work Study Details

Semester Requested (Check all that apply)

Fall

Spring

Summer

Are you currently a work-study student?

Yes

No

What is your current major? \_\_\_\_\_

Have you been accepted for special programs?

Yes

No

## Work Study Preferences

Select the top 3 departments you would like to work in:

Academic Instruction	Business Services	Health Science	South Campus
Admissions	Continuing Education/ CWL	IT	Student Life
Admissions and Records	Cosmetology	Library	Veteran's Service Office
Advising	Culinary	Marketing	Boys and Girls Club (off Campus)
Athletics	Financial Aid	Science	
Business Office	Foundation Office	Social Services	

Are you interested in working off campus?

Yes

No

Do you have reliable transportation?

Yes

No

Are you interested in working with elementary students?

Yes

No

Are you interested in mentoring at high schools?

Yes

No

## Work Experience

Customer Service	Fast Food	Other
Retail	Office	None

Describe other work experience: \_\_\_\_\_

## Work Availability

Please provide schedule for the first term that you are applying for, if enrolled. If not enrolled, write "N/A" and provide schedule when enrolled. Include all hours available to work—different departments have different hours.

Available Time on Monday: \_\_\_\_\_

Available Time on Tuesday: \_\_\_\_\_

Available Time on Wednesday: \_\_\_\_\_

Available Time on Thursday: \_\_\_\_\_

Available Time on Friday: \_\_\_\_\_

## Signatures

Student Printed Name\*: \_\_\_\_\_

Student Signature\* ☒ \_\_\_\_\_ Date (mm/dd/yyyy)\* \_\_\_\_\_

Please fill and sign completed form, including notarized affidavit, and return 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.**

### Office Use Only

FAFSA Complete? ☐ Yes ☐ No

COA: \_\_\_\_\_

SAI: \_\_\_\_\_

FinAid: \_\_\_\_\_

Unmet Need: \_\_\_\_\_

Eligible Hours: \_\_\_\_\_

SAP: ☐ Good ☐ AP ☐ Warn ☐ Susp.

FAO: \_\_\_\_\_

Date: \_\_\_\_\_

Department Placed In: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Ext: \_\_\_\_\_

Comments: \_\_\_\_\_ Start Date: \_\_\_\_\_