

Office of Financial Aid

Work Study Application 2023-2024

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 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.

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

Check top 3 departments you would like to work in:

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

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	

WORK EXPERIENCE

- Customer Service
 Retail
 Fast Food
 Office
 Other: _____
 None

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*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.

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

SIGNATURE		
Student Printed Name:	Student Signature:	Date:

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