



# Application for Federal Work-Study Employment

Student's Name: \_\_\_\_\_  Returning FWS  New FWS

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

EMPLID: \_\_\_\_\_ GPA: \_\_\_\_\_

Are you enrolled in at least six credit hours? (Minimum to be a work study student)  Yes  No

This application is for the following semester:  Fall of \_\_\_\_\_  Spring of \_\_\_\_\_

Position applying for: \_\_\_\_\_

### Work Experience

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Duties: \_\_\_\_\_

### Knowledge, Skills and Abilities:

Computer Skills: \_\_\_\_\_ Software Applications: \_\_\_\_\_

Please list any additional skills or qualifications you think would help us evaluate your application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### References:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_



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**\*\*PLEASE ATTACH A COPY OF YOUR CLASS SCHEDULE TO THIS APPLICATION\*\***

- Completion of this application does not guarantee eligibility or placement in a federal work study position.
- Eligibility for the federal work study program is determined each year by completing the FAFSA. Federal work study employment is a need-based program and part of a financial aid package.
- The number of work hours assigned is approximately 15 hours per week, while classes are in session.
- You must be enrolled for at least six credit hours while you are employed as a work study student at SVCC.
- You must be meeting satisfactory academic progress standards as defined by the U. S. Department of Education to be eligible for a work study position at SVCC.

**Agreement:** By submitting this application, it will be stated that the facts set forth in it are true and complete. You understand that if you are accepted as a worker, any false statements, omissions, or other misrepresentations made by you on this application may result in your immediate dismissal.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

DO NOT WRITE BELOW THIS LINE.

**Supervisor:** Please complete this section of the application and return all applications received to the financial aid department once you have made a decision. No student is authorized to work until he/she has been approved as a work-study by the financial aid office.

\_\_\_\_\_ Yes    I would like to hire this student as my work-study.  
                              \_\_\_\_\_ First Choice    \_\_\_\_\_ Second Choice    \_\_\_\_\_ Third Choice

\_\_\_\_\_ No    I do not wish to hire this student as my work-study.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**Financial Aid Department:**

The financial aid department approves \_\_\_\_\_ to work as a work-study student, working a maximum of \_\_\_\_\_ hours each week beginning \_\_\_\_\_. Work-study students may not work past the last day of classes.

\_\_\_\_\_  
Financial Aid Officer's Signature

\_\_\_\_\_  
Date

- Original to: Financial Aid     Copy to: Human Resources     Copy to: Supervisor     Copy to: Student