



Application for Federal Work-Study Employment

Student's Name: _____ Returning Work-Study New Work-Study

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Date of Birth: _____

Student ID #: _____ 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

Student ID # _____

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

Rev. 8/2013