

2023-2024 Federal Work-Study Application

Applicant Name:	New Applic	cant: 🗌 Yes 🔲 No	
Address:	City:	State:	
Home Phone:	Cell Phone:		
Student Email:	Date of Birth: _		
Student ID #:	Current Cumulat	Current Cumulative GPA:	
	mester only! Choose one semester: \Box Fall 2 er for financial aid eligibility purposes.	2023 Spring 2024	
Are you enrolled in at least six cred Please attach a copy of your class s	lit hours?	olying.	
College Department or Office apply	ying to:		
Work Experience: Please list yo	our most recent work experiences belov	V.	
Employer:	Phone:		
Addross			
Job Duties:			
Employer:	Phone:		
Job Duties:			
Knowledge, Skills, and Abilitie	es: Please list your current skills below.		
Computer Skills:			
Software Applications:			
	alifications you think would help us evaluate y		
<u>References</u> : Please list three p	eople who know you but are not relate	<u>d</u> to you.	
Name:	Phone:		
Name:			
Name:	Phone:		



*Please attach a copy of your class schedule for the semester in which you are applying.

- 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 between 10 20 hours per week, while classes are in session.
- You must be enrolled in 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.

<u>Agreement</u>: 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 Physical Signature (First & Last names)	Student ID	Date
<u>Supervisor</u> :		
Before completing this section, please ensure that th signed the application. Incomplete applications will position to Karen Wilhelm in the Financial Aid Office. by the Financial Aid and Human Resources Offices an not authorized to work until you receive approval n	be returned. Send <u>all</u> applica You will be notified once the nd launched in our On-Boardin	tions received for this e student has been approved
Yes, I wish to hire this student as my work-s	study No , I do no	ot wish to hire this student.
Number of hours this work-study student is	needed <u>each week</u> . (10, 16,	or 20)
A maximum of 20 hours per week is the most a stu	dent CAN work. Hours allow	ved to work will be based on
student's financial aid eligibility and our Federal Wo	ork-Study budget.	
Supervisor's Printed Name Supervisor	visor's Physical Signature	Date
Financial Aid Office:		
The Financial Aid Office approves	as	s a work-study student, for a
maximum of hours each week at \$11.00	per hour for the current seme	ester. Work-study students
<u>cannot exceed</u> their approved weekly hours and on	ly work when classes are in s	ession.
Financial Aid Specialist's Signature	 Date	