



2023-2024 Federal Work-Study Application

Applicant Name: _____ **New Applicant:** Yes No

Address: _____ City: _____ State: _____

Home Phone: _____ Cell Phone: _____

Student Email: _____ Date of Birth: _____

Student ID #: _____ Current Cumulative GPA: _____

This application is good for ONE semester only! Choose **one** semester: Fall 2023 Spring 2024

Applicant must apply each semester for financial aid eligibility purposes.

Are you enrolled in at least six credit hours? Yes No

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

College Department or Office applying to: _____

Work Experience: Please list your most recent work experiences below.

Employer: _____ Phone: _____

Address: _____

Job Duties: _____

Employer: _____ Phone: _____

Address: _____

Job Duties: _____

Knowledge, Skills, and Abilities: Please list your current skills below.

Computer Skills: _____

Software Applications: _____

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

References: Please list three people who know you but are **not related** to you.

Name: _____ Phone: _____

Name: _____ Phone: _____

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.

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 Physical Signature (First & Last names)	Student ID	Date
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Supervisor:

*Before completing this section, please ensure that the applicant has completed **each section and physically signed** the application. Incomplete applications will be returned. Send **all** applications received for this position to Karen Wilhelm in the Financial Aid Office. You will be notified once the student has been approved by the Financial Aid and Human Resources Offices and launched in our On-Boarding software. **Students are not authorized to work until you receive approval notification.***

_____ **Yes**, I wish to hire this student as my work-study. _____ **No**, I do not wish to hire this student.

_____ **Number of hours** this work-study student is needed each week. **(10, 16, or 20)**

A maximum of 20 hours per week is the most a student CAN work. Hours allowed to work will be based on student’s financial aid eligibility and our Federal Work-Study budget.

Supervisor’s Printed Name	Supervisor’s Physical Signature	Date
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Financial Aid Office:

*The Financial Aid Office approves _____ as a work-study student, for a **maximum** of _____ hours **each week** at \$11.00 per hour for the current semester. **Work-study students cannot exceed their approved weekly hours and only work when classes are in session.***

Financial Aid Specialist’s Signature	Date
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