



**FINANCIAL AID OFFICE**

**APPLICATION FOR FEDERAL WORK-STUDY**

**INSTRUCTIONS: (1) COMPLETE ALL ITEMS BELOW. (2) SIGN YOUR NAME AFTER READING THE CERTIFICATIONS.**

Your Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

❶ Why are you interested in a work-study position? ❷ What skills do you possess that would be an asset if chosen?

Do you know how to type? \_\_\_ Yes \_\_\_ No If Yes, how many words per minute do you type? \_\_\_\_\_

How do you rate your English language proficiency? \_\_\_ Very Good \_\_\_ Good \_\_\_ Fair \_\_\_ Poor

Which shift do you desire to work? (Check one.) \_\_\_ Morning \_\_\_ Afternoon \_\_\_ Evening

In which area do you wish to work? (Rank 1 to 10 in order of preference; with 1 being your first choice, 10 last.)

\_\_\_ Registrar's \_\_\_ Financial Aid \_\_\_ Placement \_\_\_ Community Service \_\_\_ Library

\_\_\_ Accounting Dept. \_\_\_ Allied Health Dept. \_\_\_ ESL Dept. \_\_\_ Programming Dept. \_\_\_ Any Position

**CERTIFICATIONS**

By signing below, I understand and agree to the following:

- ❶ I must maintain satisfactory academic progress.
- ❷ If I am employed in one of the school's student services offices, I must maintain full confidentiality of all student data with which I come into contact, and cannot discuss or disclose such information to any current or former student, or any individual or organization not affiliated with the school.
- ❸ If selected for FWS employment, my FWS award will end on my last day of attendance or on June 30 of the award year, whichever comes first.
- ❹ I will be paid on a bi-weekly basis for work performed in a satisfactory manner.
- ❺ I will be paid FWS wages only during that period of time in which I am considered to an enrolled student. Should I withdraw or be dismissed I will no longer be eligible for employment under the FWS award.
- ❻ My FWS wages may be garnished, with proper advance notice, only to pay any costs of attendance that I owe the school, or that will become due and payable during the period of my FWS award.
- ❼ I will not engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance during the period covered by my FWS award.

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

**FOR OFFICE USE ONLY**

Program \_\_\_\_\_ Start Date \_\_\_\_\_ CGPA \_\_\_\_\_

Hired? \_\_\_ Yes \_\_\_ No Position \_\_\_\_\_

FWS Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_