

# COLLEGE WORK STUDY APPLICATION

Name: \_\_\_\_\_ I.D./S.S. No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street Address, P.O. Box, Rural Route, Etc.)

\_\_\_\_\_  
(City) (State) (Zip) (County)

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Major: \_\_\_\_\_

Previous Employer	Job Duty Description
1.	
2.	
3.	

Will you be working toward a degree or certificate while enrolled at UACCM during this academic year?  Yes  No

Indicate the term that College Work Study is desired:

Fall 20\_\_\_\_  Spring 20\_\_\_\_  Summer I 20\_\_\_\_  Summer II 20\_\_\_\_

When do you expect to complete your degree or certificate? \_\_\_\_\_  
(Month) (Year)

Are you a United States Citizen?  Yes  No

Do you owe a refund or repayment on a state or federal grant?  Yes  No

Are you in DEFAULT on a Student Loan?  Yes  No

Are you currently on Academic/Financial Aid Probation or Academic/Financial Aid Suspension?  Yes  No

Have you completed an application for financial aid (Pell Grant)?  Yes  No

Indicate the days of the week and the times each day you are able to work.

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Indicate which of the following skills you possess (Mark all that apply to you):

Typing  Library  Clerical  Child Care  Cashier  Custodial  
 Printing/Journalism  Filing  Maintenance  Other  \*Computer Skills

\* Please list Specifics on the computer skills: \_\_\_\_\_

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

The amount of Federal Work Study awarded and the number of participants selected will depend on the amount of available aid. Students must be eligible for federal financial aid to receive College Work Study. Work assignments will be made by the UACCM Financial Aid Office in conjunction with approval from the work supervisors. All positions are subject to a pre-employment background check. A criminal conviction or arrest pending adjudication alone shall not disqualify an applicant in the absence of a relationship to the requirements of the position. Background check information will be used in a confidential, non-discriminatory manner consistent with state and federal law.

I CERTIFY THAT ALL OF THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

