

WAYNE COMMUNITY COLLEGE

2010-2011 FEDERAL WORK-STUDY APPLICATION

Wayne Community College participates in the federal work-study program which enables students to earn money to help pay for their educational expenses through part-time employment. Work-study positions are generally on the college campus and students are paid on an hourly basis. Funding is limited; therefore, ***submission of an application does not guarantee an offer of employment.*** Participants must: 1) have submitted a Free Application for Financial Student Aid (FAFSA) and have a **completed** financial aid file; 2) have unmet financial need; 3) have 10-15 hours per week to devote to a work-study position; 4) be willing to establish a work schedule with the supervisor and be dependable and reliable; and 5) **not be on academic probation.**

Last Name	First Name	MI	Date of Birth	Student ID#
Address (PO Box or Street)				
City			State	Zip Code
Phone #	Cell Phone#		E-mail Address	

Academic Major	Position Desired	Anticipated Graduation Date:
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Please check all areas that you have experience in:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Typing Skills | <input type="checkbox"/> Knowledge of MS Word | <input type="checkbox"/> Knowledge of MS Access | <input type="checkbox"/> Filing Skills |
| <input type="checkbox"/> Telephone Skills | <input type="checkbox"/> Knowledge of MS Excel | <input type="checkbox"/> 10-Key Calculator Skills | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Library experience | <input type="checkbox"/> Childcare experience | | |

Transportation: Do you have reliable transportation? Yes No

Please list previous jobs (on and off-campus) with the most recent job first.

Name of Employer		Position Title	Supervisor
Address			Telephone
Start Date	End Date	Summary of Duties	

PLEASE SEE REVERSE SIDE TO COMPLETE APPLICATION

Name of Employer		Position Title	Supervisor
Address			Telephone
Start Date	End Date	Summary of Duties	

Please list two references. You may list previous employers or on-campus references that know you well (i.e. instructors, advisors, etc)

Name	Position	Telephone
Name	Position	Telephone

For Financial Aid Office Use Only	
<input type="checkbox"/> PELL _____ <input type="checkbox"/> NCCCG _____ <input type="checkbox"/> FSEOG _____ <input type="checkbox"/> NCSIG _____ <input type="checkbox"/> NCLOT _____ <input type="checkbox"/> WIA _____ <input type="checkbox"/> VA SCHSHP _____ <input type="checkbox"/> FWS _____	<input type="checkbox"/> Verified eligibility <input type="checkbox"/> Referred for interview with _____ <input type="checkbox"/> NC-4, W-4 and I-9 completed <input type="checkbox"/> Timesheet given to student <input type="checkbox"/> Work-Study handbook given to student <input type="checkbox"/> Contract/withholdings to BO <input type="checkbox"/> Date Completed _____