

Federal Work-Study (FWS) is a Title IV program that provides funding for part-time employment which allows eligible students to earn money to help pay their educational costs while gaining practical work experience. Work-study positions are generally available in various areas on the WCC campus. Student employees work an average of 12 hours per week, at a minimum rate of \$8.25 per hour, payable on a monthly basis. All students who wish to be considered for a work-study award should complete this application and return it to the Financial Aid Office. The number of applicants frequently exceeds the number of positions available; therefore, **submission of an application does not guarantee an offer of employment.**

- Have you submitted a 2017-2018 FAFSA?     Yes (*continue*)     No 

**GENERAL ELIGIBILITY REQUIREMENTS**

- 1) 2017-2018 WCC Financial Aid file must be complete.
- 2) Must be in good standing according to the WCC SAP Policy.
- 3) Should have a minimum of \$2000 **unmet** financial need.
- 4) Must be currently enrolled OR pre-registered for coursework in a Title IV eligible program for the upcoming semester.
- 5) Should be willing to devote 10 – 15 hours per week to a FWS job.

 **STUDENTS WITH UNSATISFACTORY ACADEMIC PROGRESS ARE NOT ELIGIBLE FOR THIS PROGRAM**

Applications **should** be completed using blue or black ink. Please answer all questions. Incomplete applications will not be considered.

**PERSONAL INFORMATION** (*please type or print clearly*)

NAME: \_\_\_\_\_ WCC ID: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_ MAJOR: \_\_\_\_\_  
(your academic program)  
 PHONE: \_\_\_\_\_ EXPECTED GRADUATION DATE: \_\_\_\_\_

Are you a citizen of the United States?     Yes     No    If no, are you authorized to work in the U.S.?     Yes     No

**INTERESTS**

Semester(s) you are applying for: (*check all that apply*)     Fall 2017     Spring 2018     Summer 2018

Type(s) of work or department(s) you are interested in: (*check all that apply*)

<input type="checkbox"/> Office/Clerical	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Lab Tech/Monitor
<input type="checkbox"/> Fitness Center	<input type="checkbox"/> Graphics/Printing	<input type="checkbox"/> Academic Skills/Tutoring
<input type="checkbox"/> Childcare Center	<input type="checkbox"/> No Preference/Any	<input type="checkbox"/> Other: _____

Have you ever worked as a Federal Work-Study employee at WCC?     Yes     No

➤ If Yes, Last date of employment (*semester & year*): \_\_\_\_\_ Department: \_\_\_\_\_

▪ Do you wish to be considered for re-hire in this area?     Yes     No

If hired, what times do you expect to be available to work? (*check all that apply*)     Mornings     Afternoons     Evenings

Do you plan to work another job during the school year?     Yes     No     Not Sure

Do you have reliable transportation?     Yes     No

**JOB QUALIFICATIONS** (*check each area you are experienced in*)

Computer Skills:     MS Word     Excel     PowerPoint     Access     Social Media     Graphic Design

Other programs and/or databases not listed above: \_\_\_\_\_

Office Skills:     Customer Service     Answering Phones     Filing     Data Entry     Copier/Fax

Personal Skills:     Communication (*verbal/written*)     Multi-tasking     Detail-Oriented     Teamwork     Self-starter

**HOBBIES/EXTRA-CURRICULAR ACTIVITIES**

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

**PREVIOUS WORK HISTORY** *(beginning with most recent- if you have never worked, write N/A or NONE)*

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Summary of Duties: \_\_\_\_\_  
\_\_\_\_\_

May we contact this employer for a reference?  Yes  No

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Summary of Duties: \_\_\_\_\_  
\_\_\_\_\_

May we contact this employer for a reference?  Yes  No

**PERSONAL REFERENCES** *(may include WCC Staff/Faculty or off-campus individuals who know you well)*

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_ Phone: \_\_\_\_\_

**CERTIFICATION AND SIGNATURE**

I certify that all information reported by me in this application is TRUE and CORRECT. I understand that this information is being provided for the receipt of federal funds and that false information may result in fines or imprisonment and will disqualify me for employment or be grounds for subsequent dismissal. I authorize investigation of all statements contained herein. I also authorize the employers and/or references listed to release any and all information concerning my previous employment and any pertinent information they may have and release all parties from any liability for any damages that may result from furnishing such information.

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Wayne Community College is an Equal Opportunity/Affirmative Action College and accommodates the needs of individuals with disabilities. It is the intent of the College that all programs and activities be accessible to all qualified students. It is the student's responsibility to make his or her disability known as soon as the need becomes known in order to provide ample time for arrangements to be made. The student must request academic adjustments by contacting the Disability Services Counselor in the Wayne Learning Center building, 919-739-6729.*

RETURN THIS COMPLETED APPLICATION TO:  
Wayne Community College – Financial Aid Office – PO Box 8002 – Goldsboro, NC 27533-8002  
FAX: 919-736-9425 – EMAIL: [wcc-finaid@waynecc.edu](mailto:wcc-finaid@waynecc.edu)

THIS SECTION FOR FINANCIAL AID USE ONLY	
17/18 FA File Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No    Unmet Need: \$ _____	Eligible for Work-Study: <input type="checkbox"/> Yes <input type="checkbox"/> No
Registered 2017FA? <input type="checkbox"/> Yes _____ hours <input type="checkbox"/> No	If no, reason: _____ Notice Sent: _____
Registered 2018SP? <input type="checkbox"/> Yes _____ hours <input type="checkbox"/> No	
Registered 2018SU? <input type="checkbox"/> Yes _____ hours <input type="checkbox"/> No	
SAP Status: _____ GPA: _____ Pace: _____ Remaining Eligibility: _____ hrs.	FA Office Signature: _____