

The Federal Work-Study Program provides funding for part-time jobs that allow students to gain work experience and to earn money to help pay for educational expenses. Work-study positions are typically available in various areas on the college campus. Eligible students work an average of 12 hours per week at a minimum rate of \$8.25 per hour, payable on a monthly basis. WCC students who wish to be considered for work-study funds should complete this application and return it to the Financial Aid Office. The number of applications received usually exceeds the number of positions available; therefore, **submission of an application does not guarantee an offer of employment.**

❖ **Have you submitted a 2016-2017 FAFSA?** **Yes** (*continue*) **No** 

GENERAL ELIGIBILITY REQUIREMENTS

- | | |
|---|--|
| 1) 2016-2017 WCC Financial Aid file must be complete. | 2) Must be in good standing according to the WCC SAP Policy. |
| 3) Must 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) Must be willing to devote 10 – 15 hours per week to a FWS job. | |

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

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: _____ **GRADE LEVEL:** Freshman Sophomore

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

INTERESTS

Which semester(s) are you applying for? (*check all that apply*) Fall 2016 Spring 2017

What type(s) of work are you 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: Internet MS Word Excel PowerPoint Access Publisher

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 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: _____

NOTE: Print before signing - digital signatures are not acceptable

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

THIS SECTION FOR FINANCIAL AID USE ONLY

16/17 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 2016FA? <input type="checkbox"/> Yes _____ hours <input type="checkbox"/> No		If no, reason: _____	
Registered 2017SP? <input type="checkbox"/> Yes _____ hours <input type="checkbox"/> No			
SAP Status: _____	GPA: _____	Pace: _____	FA Office Signature: _____
Remaining Eligibility: _____ hrs.			