

# Office of Financial Aid

## WORK STUDY APPLICATION



If you are interested in receiving College Work-Study you must:

- Complete the FAFSA @ [www.fafsa.ed.gov](http://www.fafsa.ed.gov)
- Complete the College Work-Study Application
- You must be able to work 19 hours per week.
- Enrolled in at least 6 semester hours
- Meeting SAP

Semester requested (Check all that apply)  
 Fall     Spring     Sum I     Sum II

Are you Currently a work-study student?  
 Yes    No

### Applicant Information

Student ID/SS#:		Date:
Last Name:	First Name:	Middle Name:
Phone Number:	Email:	
Current Address:		
List any prior States(s) of residence for the past 10 years (Note: only list the state(s) of residence after age 17)		
Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Enrolled in at least 6 credit hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List the top 3 departments you would like to work in:		

What is your classification?	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore	What is your major?
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Indicate your preference for work hours:  
 Weekday morning     Weekday afternoon     Weekday evening     Weekends     No preference

### EDUCATION

School	City/State	Did you graduate?	If no, # yrs left	Date of graduation	Degree received	Major
High School:						
GED:						
Other School:						
College:						

### Office Use Only

FAFSA Complete? Y/N	Fall Award	Spring Award
Amount of Eligibility: \$	Amount of Eligible Hours:	Start Date:
Department Placed In:	Supervisor:	Ext.:
Comments:		
COA:	FinAid:	Unmet Need:
Student Level:	Dep/Indp	FAO:
		Date:

**Work Experience – Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately.**

**Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time, military, or volunteer commitments. PLEASE DO NOT complete this information with the notation "See Resume." PLEASE NOTE: Grayson College reserves the right to contact all current and former employers for reference information.**

Dates Employed (most recent position) From:                      To:		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk:	Title:
Starting Salary:	Organization Name & Address:		
Ending Salary:			
Supervisor's Name, Title & Phone:		Other Reference Name, Title & Phone	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for leaving:	
Dates Employed From:                      To:		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk:	Title:
Starting Salary:	Organization Name & Address:		
Ending Salary:			
Supervisor's Name, Title & Phone:		Other Reference Name, Title & Phone	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for leaving:	
Dates Employed From:                      To:		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk:	Title:
Starting Salary:	Organization Name & Address:		
Ending Salary:			
Supervisor's Name, Title & Phone:		Other Reference Name, Title & Phone	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for leaving:	

## GRAYSON COLLEGE WORKSTUDY AVAILABILITY

<b>DATE:</b>	<b>SEMESTER:</b>
<b>STUDENT NAME:</b>	<b>STUDENT ID:</b>
<b>BEST CONTACT PHONE:</b>	<b>EMAIL:</b>

### CLASS SCHEDULE (TERM \_\_\_\_\_)

COURSE	DAY	TIME

**AVAILABILITY TO WORK SCHEDULE (Must be at least 19 hours)**  
*Include all hours you are available to work as different departments have different hours.*

DAY	TIME

### REFERENCES (Please Include at Least 3)

Reference Name	Relationship	Phone Number	Email Address

***\*PLEASE ATTATCH YOUR RESUME TO THE BACK OF THIS APPLICATION\****

<b>Student Signature:</b>	<b>Date:</b>
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**Mail to:**

Grayson College  
**Attn:** Financial Aid Office  
6101 Grayson Dr. Hwy 691  
Denison, TX 75020

**Email to:** [Financialaid@grayson.edu](mailto:Financialaid@grayson.edu)

**Fax to:**

903-463-3908