Office of Financial Aid WORK STUDY APPLICATION



Student Name:							Stu	Student SS/ID:								
Student Address:								Stu	Student Date of Birth:							
City, State, Zip:								Stu	udent em	ail:						
Student Pho	ne:							Stu	udent Al	terna	ate Ph	one	•			
			To be co	nsidered	for	a worl	k stud	y po	sition y	ou n	nust:					
		-	the FAFSA @ the work stud		-				5-19 hour n at least				rs			
				Requested	d Sei	mester (check a	ıll tha	at apply)							
Fall			Spi	ring				Su	m I				Sı	um	II	
Are you curre work study?	ently a	Yes		No			If yes depar									
List any prior	States	s) of resi	dence for the p	past 10 yea	urs (N	Note: on	ly list t	he sta	ate(s) of r	eside	nce af	ter a	nge 17)			
Driver's Lice	nse #:		Driver's License State:			Do you have reliab transportation?		liable	ble Yes					No		
List 3 departr you would lik			1.				2.			3.						
Are you willi work off cam		Yes		No					erested in th childre		Yes				No	
What is your	classific	eation?	Freshman < 30 hrs.		What is your majo			jor?								
			Sophomore > 31 hrs.		When do you pla			an to	n to graduate?							
Indicate your	preferei	nce for w	ork hours (che	eck all that	app	ly)	[[
Weekday Mo	rning		Weekday	afternoon			Week	Weekday Evening			Weekends		ls			
School	School City/State/Zip Did you g			aduate? Date of graduation			Degree received			Major						
High School:				Yes		No										
GED:				Yes		No										
Other School:				Yes		No										
College:				Yes		No										

Work Experience – Please detail your <u>entire</u> work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. <u>Attach additional sheets if necessary</u>. 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.

If you do not have work/volunteer history please enter N/A in Start Date field below:

Dates Employed (most recent first)			rst)	Starting Salary		Job Title	
Start Date		End Date		Ending Salary		Average hours per week	
Organization Name		`			Supervisor's Name		
Address	Address				Title		
City, Stat	City, State, Zip				Phone		
Primary duties:				Reason for leaving:			

Dates Employed			Starting Salary		Job Title	
Start Date		End Date	Ending Salary		Average hours per week	
Organization Name		`		Supervisor's Name		
Address				Title		
City, State	City, State, Zip			Phone		
Primary duties:				Reason for leaving:		

Dates Employed				Starting Salary		Job Title	
Start Date		End Date		Ending Salary		Average hours per week	
Organization Name				Supervisor's Name			
Address				Title			
City, State, Zip				Phone			
Primary duties:				Reason for leaving:			

CLASS SCHEDULE

COURSE	DAY	TIME

AVAILABILITY TO WORK SCHEDULE (Must be at least 15-19 hours per week) *Include all hours you are available to work as different departments have different hours.*

DAY	TIME

Personal or Professional References (Please Include at Least 3)

Reference Name	Relationship	Phone Number	Email Address

PLEASE ATTATCH YOUR RESUME TO THIS APPLICATION

Student Signature:	Date:

Office Use Only								
FAFSA Complete? Yes N	lo Fall A	ward		Spring Aw	vard	ırd		
Amount of Eligibility: \$		Amoun	nt of Eligible Hours:		Start Da	te:		
Department Placed In:			Supervisor:			Ext.:		
Comments:								
COA:	FinAid:		Unmet Need:			SAP		
Student Level:	lp	FAO:			Date:			

WARNING:

If you purposely give false or misleading information on this worksheet you may be fined, sentenced to jail or both.

Students are REQUIRED to use their GC canvas account or their GC email account for all electronic communication." In order to ensure the identity of the student communicating electronically, GC faculty and staff will not reply to student communication that is sent through an email account other than their GC issued email account or canvas account".

Mail To: Grayson College Attention: Financial Aid Office • 6101 Grayson Dr. Denison, TX 7502 Email To: <u>Financialaid@grayson.edu</u> Fax To: 903.463.3908