

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
- 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:	SAP
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

DATE:	SEMESTER:
STUDENT NAME:	STUDENT ID:
BEST CONTACT PHONE:	EMAIL:

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****

Student Signature:	Date:
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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

Fax to:

903-463-3908