Southeast Arkansas College

Instructions for completion:
Complete this form and submit to your Financial Aid Officer to verify eligibility.

2015-2016
Federal Work-Study Application

Name ___________________________________________ ID# __________________________

Phone _________________________________________ Major _______________________

Email _________________________________________ Alternate phone # ______________

Position applying for: __________________________

Hours Available for Work

Monday and Wednesday _________________________
Tuesday and Thursday _________________________
Friday _______________________________________

Classification  □ Freshman  □ Sophomore  □ Transfer/Special Student

List any work experience and the duties performed in each job that are related to this position:

_____________________________________________________________________________
_____________________________________________________________________________

List the skills you possess and machinery you can operate (i.e. typing, filing, tutoring, shelving books, grounds keeping, cash register, computer, copier), related to this position:

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

List any physical limitations such as lifting, etc.

_____________________________________________________________________________

Office use:
Supervisor: ______________________________
Requested Hrs per Week ____________________
Requested Start Date: _____________________

FA Office Use Only:
FWS Eligible? Y N
FAO Initials: ___________
Date: ___________
(COA – EFC – Aid = FWS Eligibility)