SOUTHSIDE VIRGINIA COMMUNITY COLLEGE

2023 – 2024
Federal Work Study Application

Applicant Name: _____ **New Applicant:** ☐ Yes ☐ No

Address: _____ City: _____ State: _____

Home Phone: _____ Cell Phone: _____

Student Email: _____ Date of Birth: _____

Student ID #: _____ Current Cumulative GPA: _____

This application is good for <u>ONE</u> semester only! Choose **one** semester: ☐ Fall 2023 ☐ Spring 2024
Applicant must apply each semester for financial aid eligibility purposes.

Are you enrolled in at least six credit hours? ☐ Yes ☐ No

College Department or Office applying to: _____

<u>Work Experience:</u> Please list your most recent work experiences below.

Employer: _____ Phone: _____
Address: _____
Job Duties: _____

Employer: _____ Phone: _____
Address: _____
Job Duties: _____

<u>Knowledge, Skills, and Abilities:</u> Please list your current skills below.

Computer Skills: _____

Software Applications: _____

Please list any additional skills or qualifications you think would help us evaluate your application:

_____

_____

<u>References</u>: Please list three people who know you but are **<u>not related</u>** to you.

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

Please attach a copy of your class schedule <u>for the semester</u> in which you are applying.

- Completion of this application does not guarantee eligibility or placement in a federal work study position.
- Eligibility for the federal work study program is determined each year by completing the FAFSA. Federal work study employment is a need-based program and part of a financial aid package.
- The number of work hours assigned is between 10 – 20 hours per week, while classes are in session.
- You must be enrolled in at least six credit hours while you are employed as a work study student at SVCC.
- You must be meeting satisfactory academic progress standards as defined by the U. S. Department of Education to be eligible for a work study position at SVCC.

<u>Agreement:</u> *By submitting this application, it will be stated that the facts set forth in it are true and complete. You understand that if you are accepted as a worker, any false statements, omissions, or other misrepresentations made by you on this application may result in your immediate dismissal.*

_____   _____   _____

Student's Physical Signature *(First & Last names)*   **Student ID**   **Date**

Supervisor:

*Before completing this section, please ensure that the applicant has completed **each section** and **physically signed** the application. Incomplete applications will be returned. Send **all** applications received for this position to Karen Wilhelm in the Financial Aid Office. **Students may not begin working until Financial Aid and Human Resources approve them and appropriate system access has been granted.***

_____   **Yes**, I wish to hire this student as my work-study.   _____   **No**, I do not wish to hire this student.

_____   **Number of hours** this work-study student is needed <u>each week</u>. **(10, 16, or 20)**

The applicant's financial aid eligibility and our current Federal Work-Study budget determine the total number of hours per week a student can work.

_____   _____   _____

Supervisor's Printed Name   **Supervisor's Physical Signature**   **Date**

Financial Aid Office:

The Financial Aid Office approves _____ as a work-study student, for a

<u>*maximum*</u> *of _____ hours **each week** at $12.00 per hour for the current semester. **Work-study students cannot exceed** their approved weekly hours and only work when classes are in session.***

_____   _____

Karen Wilhelm, Financial Aid Specialist   **Date**

Revised 02.08.2024

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