



# 2024 - 2025 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: \_\_\_\_\_

Which semester are you applying for? (*Applicant must apply each semester!*)  Fall 2024  Spring 2025

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

Federal Work Study Position you're applying for: \_\_\_\_\_

Campus or Off-Site Location of Federal Work Study Position: \_\_\_\_\_

**Work Experience:** Please list your most recent work experiences below.

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Duties: \_\_\_\_\_

**Knowledge, Skills, and Abilities:** 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:

\_\_\_\_\_

\_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

***\*Please attach a copy of your class schedule for the semester 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.

**Agreement:** *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 each week. **(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 **maximum** 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**

