



Community Work Study Application

Name: _____

Address: _____
Street Town Zip

Phone: _____ Cell: _____

Email: _____
(Please print legibly - email is used throughout the semester to communicate)

Major: _____

Status: (please circle): Senior Junior Sophomore Freshman GPA: _____

Are you eligible for Work Study? _____

Are you bilingual? If so, which languages? _____

Availability (You must be able to commit to Fall and Spring semesters and be able to work 12-15 hours a week):

<p>Fall 2013 (Please list hours you are available to work)</p> <p>Monday: _____</p> <p>Tuesday: _____</p> <p>Wednesday: _____</p> <p>Thursday: _____</p> <p>Friday: _____</p> <p>Saturday: _____</p>

<p>Spring 2014 (Please list hours you are available to work)</p> <p>Monday: _____</p> <p>Tuesday: _____</p> <p>Wednesday: _____</p> <p>Thursday: _____</p> <p>Friday: _____</p> <p>Saturday: _____</p>

Please turn over to complete the form

Please list two faculty recommendations.

Faculty Recommendation:

Faculty Name: _____

Signature: _____ Date: _____

Faculty Recommendation:

Faculty Name: _____

Signature: _____ Date: _____

Signature of Applicant: _____ Date: _____