

APPLICATION FOR WORK STUDY

Name _____ Last four of SSN # _____
Last First MI

Home Address _____
City State Zip Code

Telephone () _____ Email Address _____

Program of study _____

Please state areas of interests _____

What qualities do you possess that would be beneficial as a student worker? _____

Please list days and hours of availability to work _____

Applicant's Signature _____ Date _____

THIS APPLICATION MUST BE COMPLETED AND RETURNED TO THE FINANCIAL AID OFFICE

FOR OFFICE USE ONLY

Program Eligibility

DWS **FWS** **Cal Works** **Other** _____

Not Eligible **Date student was notified of eligibility** _____

Federal Work Study Only (FWS)

Unmet Need _____ **Sap Status** _____ **GPA** _____