

COLLEGE WORK STUDY APPLICATION

Name: _____ I.D./S.S. No. _____

Mailing Address: _____

(Street Address, P.O. Box, Rural Route, Etc.)

(City) (State) (Zip) (County)

Phone Number: _____ Date of Birth: _____

Major: _____

Previous Employer	Job Duty Description
1.	
2.	
3.	

Will you be working toward a degree or certificate while enrolled at UACCM during this academic year? Yes No

Indicate the term that College Work Study is desired:

Fall 20____ Spring 20____ Summer I 20____ Summer II 20____

When do you expect to complete your degree or certificate? _____

(Month)

(Year)

Are you a United States Citizen? Yes No

Do you owe a refund or repayment on a state or federal grant? Yes No

Are you in DEFAULT on a Student Loan? Yes No

Are you currently on Academic/Financial Aid Probation or Academic/Financial Aid Suspension? Yes No

Have you completed an application for financial aid (Pell Grant)? Yes No

Indicate the days of the week and the times each day you are able to work.

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Indicate which of the following skills you possess (Mark all that apply to you):

- Typing Library Clerical Child Care Cashier Custodial
 Printing/Journalism Filing Maintenance Other *Computer Skills

* Please list Specifics on the computer skills: _____

The amount of Federal Work Study awarded and the number of participants selected will depend on the amount of available aid. Students must be eligible for federal financial aid to receive College Work Study. Work assignments will be made by the UACCM Financial Aid Office in conjunction with approval from the work supervisors.

I CERTIFY THAT ALL OF THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Student Signature: _____ Date: _____

FINANCIAL AID OFFICE

1537 University Boulevard, Morrilton, AR 72110 | (501) 977-2055 | Fax: (501) 977-2123 | 1-800-264-1094 | www.uaccm.edu

