

2016-2017 FEDERAL WORK-STUDY APPLICATION

[] I am no longer interested in participating in the Federal Work-Study Program.

Last Name

First Name

Student ID #

Student's Signature

Date

[] I am interested in participating in the Federal Work-Study Program. (Please complete information below)

Last Name

First Name

Student ID #

Address

Phone Number

City

State

ZIP Code

Email Address

1. Current Cumulative GPA: _____

2. Current Satisfactory Academic Progress: ☐ SAT ☐ PROB ☐ WARN

3. Program of Study at Ventura College: _____

4. Number of units you plan to enroll for: Fall _____ Spring _____ Summer _____

5. Are you or will you be eligible for CalWORKs during the academic year? ☐ Yes ☐ No

6. Are you a returning Federal Work-Study student? ☐ Yes ☐ No —If yes, please indicate work location:

Work Location: _____ Supervisor: _____

If no, please indicate which department you would like to be referred to:

☐ Admissions & Records ☐ Agriculture ☐ Auto Tech. ☐ Athletics ☐ Math/Science Dept. ☐ Child Development

☐ Education Assistance Center ☐ EOPS ☐ Gallery ☐ Maintenance ☐ Other _____

7. What qualities/skills do you possess that would be beneficial as a Federal Work-Study student worker?

8. Please list days and hours of availability: ☐ Mon: _____ ☐ Tue: _____ ☐ Wed: _____ ☐ Thu: _____ ☐ Fri: _____

STUDENT'S SIGNATURE

DATE

SUPERVISOR – PLEASE COMPLETE

Immediate Supervisor _____ Department _____ Ext. _____

Hourly Rate \$ _____ Projected hours to be worked per week _____ Student has been hired ☐ Yes ☐ No

If no, please explain _____

Supervisor's Signature _____ Date _____

FOR OFFICE USE ONLY

Unmet Need _____ SAP Status _____ GPA _____ Participating in CalWORKs Work Study? ☐ Yes ☐ No Verified

By _____

Date _____