



2023-24 Federal Work Study Program Application

SUBMIT THIS APPLICATION TO THE FINANCIAL AID OFFICE BY JUNE 30TH

Student Information	
Student Name:	
Student ID:	Date of Birth:
Student Email:	Student Phone Number:
Student Address:	

The Federal Work Study Program is designed to help with college expenses. You will be assigned to a job on campus, depending on the available positions. You will be required to establish a work schedule with your supervisor, generally working around your school schedule, and perform job duties as assigned. You will not be eligible for the Federal Work Study Program if you are on financial aid probation or suspension. If/when a placement is made you will be notified by email to set up an interview.

Current Major and Degree:					
Home Campus:					
<i>Please select the appropriate campus location</i>	Boone	Lincoln	Logan	Williamson	Wyoming
Student Type:					
<i>Please circle the appropriate Student Type</i>	Freshman	Transfer	Returning		
Is your cumulative GPA above a 2.0?					
<i>Please circle the appropriate answers</i>	Yes	No			
Have you completed your financial aid file?					
<i>Please circle the appropriate answers</i>	Yes	No			
If you were selected for Verification, have you turned in all documentation to the Financial Aid Office					
<i>Please circle the appropriate answers</i>	Yes	No			
Are you a citizen of the United States or an eligible non-citizen?					
<i>Please circle the appropriate answers</i>	Yes	No			
If no, are you eligible to work in the United States?					
<i>Please circle the appropriate answers</i>	Yes	No			

PLEASE ATTACH A CURRENT SCHEDULE

For appropriate job placement, please complete the following questionnaire of your interest.

Response			Activities
Yes	No	Maybe	
			I am interested in being reassigned to the FWS site where I worked in 2022-2023. Department: _____
			Provide general clerical assistance such as filing, data entry and customer service.
			Provide service at campus library
			Provide assistance with technical support
			Provide support to various academic departments
			Provide assistance in grant development
			Provide assistance with customer service and general information (In person and/or telephone)

Agreement and Understanding	
By signing this application, you certify that all of the information reported on this form is true and accurate to the best of your knowledge. If requested, you agree to provide proof of the information that you have reported on this form. WARNING: If you purposely give false or misleading information on this application may result in my release. Typed, copied, or electronic signatures will not be accepted.	
Student Signature:	Date:

For Office Use Only					
FAFSA Complete		Attempted	Earned	GPA	Enrolled
EFC	Fall SAP				
UnMet Need	Spring SAP				
	Summer SAP				
Received Date:					
Reviewed Date:					
Fall _____ Spring _____ Summer _____					

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