Contact Information: Please Print

Name: ___________________________  Anticipated Year of Grad: __________
Major: __________________________  GPA: ______
Phone Number: ____________________  Cell Phone: ____________________
E-Mail: __________________________  Room #: ____________________
Student ID: _______________________

Have you worked on campus previously?  YES or NO (circle one) Where?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

List any experiences you have had related to the Department(s)/Area(s) listed (if additional room is needed, please use the back or attach a resume instead):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Department you are applying to work in: ____________________________

Student’s Signature: ___________________________  Date: __________

By signing the student acknowledges they are in good standing and registered for Fall courses. Applications will not be accepted without a signature.

Department Hired: ___________________________  Start Date: __________

Supervisor’s Signature: ___________________________  Date: __________

Hourly Rate: __________

Supervisors please keep a copy for your records.

Financial Aid Approval: ___________________________

Approval will be based on both the Department’s available budget and on the student’s qualified demonstrated need.

Return completed original application to the Financial Aid Office located on the 2nd floor of Lasker Hall.