



FEDERAL WORK STUDY APPLICATION

ID#: _____ SSN: _____ DATE: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

MAJOR: _____ ASSOCIATE: ___ CERTIFICATE: ___ DIPLOMA: ___

WHAT SEMESTER IS THE WORKSTUDY FOR: FALL: _____ SPRING: _____ SUMMER: _____

WILL YOU BE: FULL TIME: _____ ¾ TIME: _____ ½ TIME: _____ < ½ TIME: _____

ARE YOU A NEW OR RETURNING STUDENT? NEW: _____ RETURNING: _____

DO YOU HAVE SPECIAL SKILLS SUCH AS TYPING, COMPUTERS, CASH REGISTER, LIBRARY, ETC.:

PLEASE LIST SKILLS:

HAVE YOU PREVIOUSLY WORKED UNDER THE FEDERAL WORKSTUDY PROGRAM AT Community College of Beaver County (CCBC)? YES___ NO___, IF YES, WHERE: _____

DID YOU APPLY FOR OR ARE YOU RECEIVING: PRESIDENTIAL SCHOLARSHIP, ACADEMIC EXCELLENCE SCHOLARSHIP, OR EMPLOYEE TUITION WAIVER (CIRCLE WHICH ONE)

IF YOU ARE ELIGIBLE FOR WORKSTUDY AND THE POSITION IS AVAILABLE, DO YOU HAVE A PREFERENCE?

SIGNATURE: _____ DATE: _____

PLEASE RETURN THIS APPLICATION TO THE FINANCIAL AID OFFICE.
ELIGIBLE APPLICANTS WILL BE NOTIFIED BY EMAIL.