Hire	Date		
THE C	Date		



## FEDERAL WORK STUDY APPLICATION

All hired applicants WILL BE subject to a Background Check

Name:					
Date of Birth: _		Student ID Number:	Student ID Number:		
Street Address:	:				
City		State Zip Cod	le		
Home Phone: _		Cell Phone:			
E-mail address	:(Please provide	@ ONLY your Coastal's Office 365 e-mail)	my.coastalcarolina.edu		
		neanor? YESNO			
If yes, please expla	in. Attach additional sheets	if necessary	* * * * * * * * *		
		ucational Benefits?YES			
		an's Affairs Office to inquire about the VA Work-			
What is your cu	urrent curriculum?				
When do you e	vnect to graduate or tr	ansfer?			
when do you es	apeet to graduate or tr	ansfer?			
~*~*~*~*	·~*~*~*~*~*~*	,*~*~*~*~*~*~*~*~*~*~*	~*~*~*~*~*~*		
	List up to three jobs t	hat you have held either full-time or pa	irt-time.		
Employer	Dates	Supervisor's Name	Phone Number		
Employer	Dates	Supervisor's Name	Phone Number		
Employer	Dates	Supervisor's Name	Phone Number		
List thr	ree references that have	e knowledge of your work performance	e and character.		
Name	Address	Telephone Number	Relationship		
Name	Address	Telephone Number	Relationship		
Name	Address	Telephone Number	 Relationship		

Do you have a disability that	would require an accomm	odation? YES	NO					
If yes, please explain:		120						
	DY ASSIGNMENTS ARE USUA EPARTMENTS HAVE BEEN A							
Accounting Office	Career Center	Information Desk	Student Services					
Admissions - Records	College Store	Library	Switchboard					
Admissions - Reg Counter	College Student Success	Math Dept						
America Reads	Continuing Education	MCAS New River Ext						
Art Dept	Drama Dept	Music Dept						
Cafeteria	English Dept	Natural Science Dept						
Camp Lejeune Ext	Financial Aid	Public Information						
PLEASE READ BELOW								
Eligible applications will be su is sent out, it will be documen								
and the departments it has been								
Work Study position (if one be								
Coordinator does not hire st								
fill their Work Study position								
It is your responsibility to mak								
address and telephone number;								
that your application will auto	• •							
out a contact information form								
application will be discarded a new application. <u>To qualify f</u>								
Cumulative GPA 2.0 higher								
qualifying need.	, be enfoned in o circuits	minimum, and have r	ATSA On the with a					
quantying needs								
I have read the abo	ove information and ce	rtify that the inform	ation I have					
	nd accurate to the best	v						
=	ring process for the FW							
Community College. I understand that I will be subject to a background check prior to employment as a Federal Work Study at Coastal Carolina Community								
College. I also understand it is my responsibility to ensure that my contact								
information is kept up-to-date with the FWS Coordinator and that failure to do								
so may result with the discarding of my application.								

Signature: \_\_\_\_\_ Date: \_\_\_\_\_