



**BLACKFEET COMMUNITY COLLEGE**  
**Financial Aid Department**  
**Federal Work-Study Program Application**

The Federal College Work Study Application must be completed for a student to be considered for Federal Work-Study positions on campus. This application requires general work history and job preference information. Employment on campus is for fulltime undergraduate students with financial need. Maximum of 300 hours worked per school year, hourly rate is determined by current US minimum wage. Eligibility for FWSP is determined by information provided from the completed FAFSA and the FWSP application.

Name: \_\_\_\_\_ SID# \_\_\_\_\_ DOB \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Email Address: \_\_\_\_\_

Academic year & semester that you are applying for: \_\_\_\_\_ Year \_\_\_\_\_ Semester

Major: \_\_\_\_\_ Classification: \_\_\_ freshman \_\_\_ sophomore

Completed FAFSA? \_\_\_ yes \_\_\_ no Current Cumulative GPA: \_\_\_\_\_ # of Credits to date: \_\_\_\_\_

Please list current campus employer (if available): \_\_\_\_\_

Job Experience: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Job Skills: Please **check** what best describes your abilities.

Filing _____ Bulk Mail outs _____ Typing _____ Trustworthy _____ Dependable _____ Punctual _____ Proficiency with Office Equipment (fax, copiers, scanners, calculator, etc) _____ Available for Evening Hours _____ Physically Able to Lift 20lbs+ _____ Organizational Skills _____ EXCEL Proficient _____ Data Entry _____ WORD Proficient _____ Telephone Skills/Etiquette _____ Meeting the Public _____ Excellent Math Skills _____ Research/Resourcefulness _____ Excellent Writing Skills _____ Ability to Work without Supervision _____
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Please list other skills you possess that is not listed above:

\_\_\_\_\_  
 \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

*Office Use Only:*

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_ BY: \_\_\_\_\_

Approved: \_\_\_yes \_\_\_No If yes, placed with: \_\_\_\_\_

Date approved: \_\_\_\_\_ If no, reason: \_\_\_\_\_