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: ________

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____

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: ________________________________

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