



Federal Work-Study (FWS) Application

Print Name: _____ Student ID or SSN: _____

UC Email: _____ Phone: () _____

ACADEMIC INFORMATION

Major: _____ Anticipated Graduation Date: _____

Grade Level: ___ Freshman ___ Sophomore ___ Junior ___ Senior

WORK ACCESSIBILITY INFORMATION

Campus preference: ___ Charleston ___ Beckley

Are you interested in Community Service Work-Study? ___ Yes ___ No

When are you available to work? ___ Mornings ___ Afternoons ___ Evenings

Do you have your own transportation? ___ Yes ___ No

Have you had a previous Work Study Position? ___ Yes ___ No

If you are a returning FWS student, do you wish to return to your previous position? ___ Yes ___ No

If yes, please list the office and supervisors name: _____

Are you a student athlete? ___ Yes ___ No

If yes, please list your sport(s): _____

EXPERIENCE

Please list any experience and/or skills you have that may aid in your placement.

Do you have any physical limitations that would affect the type of work you can perform? ___ Yes ___ No

If yes, please explain:

PLACEMENTS

Please number 1-5 the departments in which you would like to work with 1 being your first choice:

- | | | |
|----------------------------|--------------------------|---------------------------|
| — Art & Science/Music | — Athletic Training | — Athletics (Coaches) |
| — Bookstore | — Food Service | — Center for Career Devt. |
| — Chemistry | — Communications Dept. | — Community Service |
| — Education Dept. | — Financial Aid Office | — First Year Programs |
| — Fitness Center | — Health Sciences Dept. | — Innovation Center |
| — Academic Success Ctr. | — IT (HELP) | — Library |
| — Mailroom | — Natural Sciences | — Student Life Office |
| — Peer Educator | — RES Life – Desk Asst. | — Psychology |
| — Radiology | — RES Life - Intramurals | — Sports Info & Marketing |
| — School of Business | | |
| — Student Solutions Center | | |

TERMS OF FEDERAL WORK-STUDY AWARD

IF I AM HIRED AS A WORK-STUDY STUDENT, I UNDERSTAND THE FOLLOWING:

- I cannot earn more than my awarded amount.
- I will not be scheduled to work more than 20 hours per pay-period.
- I will not be asked to work during my class schedule.
- I must notify my supervisor if I am unable to work on my scheduled time.
- I may be terminated for refusing work, not showing up for work, falsifying hours, inappropriate conduct, theft, being under the influence of drugs or alcohol while on duty, or any other disciplinary behaviors outlined in the FWS Employee Handbook.

Signature below certifies I have read and understand the terms of this work-study application.

Student Signature _____

Date _____

For Financial Aid Office Use Only:

Date Received by Financial Aid: _____ EFC: _____ FA Need: _____

Approved: _____ Declined: _____ Waiting List: _____

If declined, why: _____

Award Amount: _____ Position Location: _____