



**COLLEGE WORK STUDY
GENERAL INFORMATION / APPLICATION**

Please Print:

NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE NUMBER: _____

JOB REFERENCES:

LIST SKILLS: (such as computer, typing etc.):

When do you expect to complete your courses at FPC: _____

Hours/Days available to work:

MON _____

TUE _____

WED _____

THUR _____

FRI _____



FINANCIAL AID SECTION

Above student is eligible for _____ hours per week of College Work Study.

When does the student want to start? FALL _____ SPRING _____ SUMMER _____