

## **Student Work Study Application**

## **Academic Year:**

Once you have completed this application, your eligibility for on-campus student work study will be evaluated by the Financial Aid Office. Submitting this application does not guarantee a work study position. Once your eligibility is determined, you will receive an email which will include your type of eligibility (either Federal Work Study or CBC Work Study) and the contact information for departments you can contact about open positions. Contacting departments and securing a position will be your responsibility. You must have a current year FAFSA on file in order to be evaluated for Federal Work Study eligibility. Non-FAFSA filers will only be eligible for CBC Work Study.

Name:	CBC ID:	Date of Birth:
Phone:	CBC Email:	
Major:	Class:	
Have you worked in a work study posi	tion at CBC previously?	
If so, in which department?		
Do you have an off-campus job?		
Do you participate in CBC Athletics?		Sport:
I understand that completing this doe	s not guarantee a posit	on.
I understand that while I am employed notify my supervisor immediately in the supervisor immediately i		ege (CBC), I must report to work regularly and I must as scheduled.
I understand that I will be paid month	ly only for the hours I h	ave worked.
Signature:		Date:

FOR OFFICE USE ONLY: Position: \_