



Office of Financial Aid

**FEDERAL WORK STUDY APPLICATION
2006-2007**

<u>FOR OFFICE USE ONLY</u>					
Dept. Placed _____					
Amount Awarded: SM06 _____ FA06 _____ WI07 _____ SP07 _____ Date Awarded _____					
Unmet Need _____		Holds _____		Date _____	
Unmet Need _____		Holds _____		Date _____	
Unmet Need _____		Holds _____		Date _____	

Name _____ SSN _____

Address _____ ID # _____

City _____ State _____ Zip _____ Phone _____

Major _____ Grade Level _____ Email _____

Work Study eligibility is determined through the Free Application for Federal Student Aid (FAFSA). Students on work study are employees of the University and are expected to abide by the regulations of the school. Please note that the completion of this form does not guarantee a work study position. **Vacant positions will be posted on Shawnee State University's website:** www.shawnee.edu/off/fa/index.html

Please indicate your experience and/or skills below.

<p><u>Office Experience:</u></p> <p>_____ Filing</p> <p>_____ Typing</p> <p>_____ WPM</p> <p>_____ Data Entry</p>	<p><u>Software:</u></p> <p>Word Processing: _____</p> <p>Desktop Publishing: _____</p> <p>Spreadsheet: _____</p> <p>Web Page: _____</p>	<p><u>Other Skills/Applicable Courses:</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><u>Other Experience:</u></p> <p>_____ Custodial</p> <p>_____ Groundskeeper</p> <p>_____ Certified Lifeguard</p>		

_____ Yes, I am interested in serving as a reading tutor in an area elementary school Monday through Friday as part of the America Reads program. Preferred School _____

Please complete both sides of this application and return to the Financial Aid Office.
Office of Financial Aid, 940 Second St, Portsmouth, OH 45662 or Fax to 740.351.3435

Previous Work Experience:

Employer _____ Dates Employed _____

Address _____

Supervisor _____ Phone _____

Duties _____

Was this a Work Study assignment? _____

Employer _____ Dates Employed _____

Address _____

Supervisor _____ Phone _____

Duties _____

Was this a Work Study assignment? _____

Employer _____ Dates Employed _____

Address _____

Supervisor _____ Phone _____

Duties _____

Was this a Work Study assignment? _____

Physical Limitations (This question is asked only to determine if accommodations are necessary.) _____

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