



FINANCIAL AID OFFICE
WORK-STUDY APPLICATION

LOCALITY: \_\_\_\_\_

Academic Year 20\_\_ 20\_\_ Sept. [ ] January [ ] May [ ]

I. GENERAL INFORMATION

- 1. Last Names Name Initial
2. Student Number (ALT ID) Social Security Number
3. Postal Address
4. Email
5. Phone number Residential Cellular Work
6. Date of birth
7. Academic Program Graduation Date
8. Computer Knowledge Excellent Good Average Poor
9. Keyboard Speed Excellent Good Regular Poor
10. Spelling Excellent Good Fair Poor
11. Oral Communication (Spanish) Excellent Good Fair Poor
12. Oral communication (English) Excellent Good Fair Poor
13. Do you know any computer program Yes No Which ones?
14. Have you worked in any office area? If your answer is Yes, explain:
15. Can you work under pressure Yes No
16. Do you have a good relationship with the public? Yes No

17. Mention your academic knowledge in the office area and any other information that will help consider your application.

---

---

---

18. Please mention the hours available for work\*: \_\_\_\_\_

---

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Financial Aid Officer

\_\_\_\_\_  
Date

\* This schedule may under no circumstances interfere with the schedule set in your enrollment program.

*Note: Completing this application is not a guarantee of work.*