

The Federal Work-Study (FWS) Program provides funds for part-time employment to help students with financial need earn money to help pay their educational costs and gain practical work experience. Work-study positions are usually available in various departments throughout the WCC campus. Student employees work an average of 12 hours per week, at a minimum rate of \$8.25 per hour, payable on a monthly basis. All students who wish to be considered for federal work-study should return this completed application to the Financial Aid Office. The number of applicants often exceeds the number of positions available; therefore, **submission of an application does not guarantee an offer of employment.**

⇒ **Have you submitted a 2018-2019 FAFSA?** **Yes** (*continue*) **No** (STOP – *you are not eligible*)

GENERAL ELIGIBILITY REQUIREMENTS

- | | |
|--|--|
| 1) Completed 2018-2019 WCC Financial Aid file. | 4) Currently enrolled OR pre-registered for coursework in a Title IV eligible program for the upcoming semester. |
| 2) In good standing according to WCC SAP Policy. | 5) Willing to devote 10 – 12 hours per week to a FWS job. |
| 3) Unmet financial need. | |



STUDENTS WITH UNSATISFACTORY ACADEMIC PROGRESS ARE NOT ELIGIBLE FOR THIS PROGRAM

Please answer all questions – incomplete applications will not be considered.

PERSONAL INFORMATION (*please type or print clearly*)

NAME: _____ **WCC ID #:** _____

E-MAIL: _____ **MAJOR:** _____
(your academic program)

PHONE: _____ **EXPECTED GRADUATION DATE:** _____

Are you a U.S. citizen? Yes No If no, are you authorized to work in the U.S.? Yes No

INTERESTS

Semester(s) you are applying for: (*check all that apply*) Fall 2018 Spring 2019 Summer 2019

Type(s) of work OR department(s) you are interested in: (*check all that apply*)

- | | | |
|---|---|---|
| <input type="checkbox"/> Office/Clerical | <input type="checkbox"/> Academic Skills/Tutoring | <input type="checkbox"/> Applied Technologies |
| <input type="checkbox"/> Fitness Center | <input type="checkbox"/> Lab Tech/Monitor | <input type="checkbox"/> No Preference/Any |
| <input type="checkbox"/> Childcare Center | <input type="checkbox"/> Graphics/Printing | <input type="checkbox"/> Other: _____ |

Have you ever worked as a Federal Work-Study employee at WCC? Yes No

▪ If yes, enter the last date of employment (*semester & year*): _____ Department: _____

Do you wish to be considered for re-hire in this department? Yes No

If hired, what times do you expect to available to work? (*check all that apply*) Morning Afternoon Evening

Do you plan to work another job during the school year? Yes No Not Sure

Do you have reliable transportation? Yes No

QUALIFICATIONS (*check each area in which you have experience*)

Computer Skills MS Word Excel PowerPoint Social Media Graphic Design

Other programs and/or databases not listed above: _____

Office Skills Customer Service Telephones Filing Data Entry Copier/Fax

Personal Skills Self-Starter Communication Detail Oriented Multi-tasking Teamwork

HOBBIES/EXTRA-CURRICULAR ACTIVITIES

PREVIOUS WORK HISTORY *(beginning with most recent – if you have never worked, write N/A or NONE)*

Employer: _____ **Supervisor:** _____

Address: _____ **Phone:** _____

Dates Employed: _____ to _____

Summary of Duties: _____

May we contact this employer? Yes No

Employer: _____ **Supervisor:** _____

Address: _____ **Phone:** _____

Dates Employed: _____ to _____

Summary of Duties: _____

May we contact this employer? Yes No

PERSONAL REFERENCES *(may include WCC Staff/Faculty OR off-campus individuals who know you well)*

Name: _____ Relationship to You: _____ Phone: _____

Name: _____ Relationship to You: _____ Phone: _____

CERTIFICATION AND SIGNATURE

I certify that all information reported by me in this application is TRUE and CORRECT. I understand that this information is being provided for the receipt of federal funds and that false information may result in fines or imprisonment and will disqualify me for employment or be grounds for subsequent dismissal. I authorize investigation of all statements contained herein. I also authorize the employers and/or references listed to release any and all information concerning my previous employment and any pertinent information they may have and release all parties from any liability for any damages that may result from furnishing such information.

STUDENT SIGNATURE: _____ **DATE:** _____

Wayne Community College is an Equal Opportunity/Affirmative Action College and accommodates the needs of individuals with disabilities. It is the intent of the College that all programs and activities be accessible to all qualified students. It is the student's responsibility to make his or her disability known as soon as the need becomes known in order to provide ample time for arrangements to be made. The student must request academic adjustments by contacting the Disability Services Counselor in the Wayne Learning Center building, 919-739-6729.

RETURN THIS COMPLETED APPLICATION TO:

**Wayne Community College – Financial Aid Office – PO Box 8002 – Goldsboro,
NC 27533-8002 FAX: 919-736-9425 – EMAIL: wcc-finaid@waynecc.edu**

THIS SECTION FOR FINANCIAL AID USE ONLY

18/19 FA File Complete: Yes No Unmet Need: \$ _____

Eligible for Work-Study: Yes No

Registered 2018FA? Yes _____ hours No

If no, reason: _____

Registered 2019SP? Yes _____ hours No

Registered 2019SU? Yes _____ hours No

SAP Status: _____ **GPA:** _____ **Pace:** _____ **FA Office Signature:** _____

Remaining Eligibility: _____ hrs.