# Financial Accounting Work Study Application

**Student ID** _____     **Date** _____

**Name** _____     **Phone** _____

**Current Address** _____     **E-mail** _____

**City, State, Zip Code** _____

**GPA** _____     **Major/Field of Study** _____

**Classification:** ☐ Freshman     ☐ Sophomore     ☐ Junior     ☐ Senior

**Are you eligible for work study (1502) ?**     ☐ Yes     ☐ No
**(Check with financial aid to be sure)**

## Work Experience

| Place of Employment | Start Date | End Date | Duties |
|---|---|---|---|
| | to | | |
| | to | | |
| | to | | |

## References

| Name | Relationship | Phone |
|---|---|---|
| | | |
| | | |
| | | |

## Hours of Availability

| | Start | End | Start | End |
|---|---|---|---|---|
| **Monday** | | | | |
| **Tuesday** | | | | |
| **Wednesday** | | | | |
| **Thursday** | | | | |
| **Friday** | | | | |