

UNIVERSITY WORK STUDY APPLICATION

Name: _____

SSN: _____

Local Address: _____

Daytime Phone #: _____

Major: _____

(If you have not completed your FAFSA and submitted all required documentation, you are required to do so prior to completing this application.)

Classification: Freshman Sophomore Junior Senior

Job Experience: (Please attach a copy of your current resume)

Job Skills:

Please indicate a special interest in any particular position listed on the web-site

Position Department Contact Person

1) _____

2) _____

3) _____

Availability (Time):

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

I understand that all applications will be processed on the following criteria:

- Availability of positions in the department
- Eligibility to receive College Work Study and remaining eligibility for Financial Aid awards
- Availability of funds in the College Work Study program

Applications will be processed within 7 days of receipt and notification of the decision will be mailed.

Signature: _____ Date: _____

Please mail, deliver or fax application to:

Wilmington College
Financial Aid Office
320 N. Dupont Hwy
New Castle DE 19702
FAX: 302-328-8905

