

**SAINT PETER'S UNIVERSITY  
WORK-STUDY APPLICATION  
20\_\_ - 20\_\_ ACADEMIC YEAR**

**PLEASE PRINT** (CIRCLE ONE) **SPU ATHLETE** YES or NO

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip Code County

SOCIAL SECURITY #: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

AMOUNT OF AWARD **\$2000.00** PERIOD OF AWARD: **20\_\_ - 20\_\_**  
Maximum gross earnings

MAJOR FIELD OF STUDY: \_\_\_\_\_

CLASS LEVEL: FRESHMAN\_\_\_\_ SOPHOMORE\_\_\_\_ JUNIOR\_\_\_\_ SENIOR\_\_\_\_ GRAD\_\_\_\_

PREVIOUS PARTICIPATION IN SPU'S COLLEGE WORK-STUDY PROGRAM

\_\_\_\_ YES LIST DEPARTMENT/AGENCY: \_\_\_\_\_  
\_\_\_\_ NO

OTHER WORK EXPERIENCE: \_\_\_\_\_

LIST OFFICE SKILLS, TALENTS, INTERESTS, HOBBIES, ETC.: \_\_\_\_\_  
\_\_\_\_\_

I hereby apply for employment under the terms of Part C Title IV of the Economic Opportunity Act of 1964 to assist in the payment of my educational expenses.

I realize that the completion of this application does not automatically guarantee employment in the Federal Work-Study Program.

I am aware of the opportunity to work in a nonprofit community-service position and if granted employment under the Federal Work-Study Program, I hereby certify that:

1. I am in need of the earnings from such employment in order to pursue my course of studies at Saint Peter's University.

2. I will be a full-time student during the academic year 20\_\_\_\_ to 20\_\_\_\_.

Or

I will be a halftime student during the academic year 20\_\_\_\_ to 20\_\_\_\_.

3. I hereby certify that the information submitted herewith is true and correct to the best of my knowledge.

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
DATE