

**Thomas University
Federal Work Study Application**

Please print or type and return to the Office of Financial Aid.

Name: _____

SSN: _____

Permanent Phone: _____

Local Phone: _____
(if different from permanent phone number)

Cell Phone: _____

Address: _____

E-mail Address: _____

* * *

Are you currently enrolled? _____ If no, when do you plan to enroll? _____

Which semesters will you be available to work? Fall _____ Spring _____ Summer _____

Major: _____

Please list any type of work that you *cannot* do because of a medical condition, disability, or the like.

Please list all skills and work experience. You may attach a resume if available.

Signature: _____

Date: _____

Office Use Only

Hire Date: _____ Placement: _____ Supervisor: _____