



Ozarka College

Federal College Work Study Application 2009/2010

Date: _____

Name: _____

Address: _____

Student ID # _____

Phone: _____

Are you a full time student (at least 12 hours)? Yes No

What time(s) would you be available for work?

What type of work do you prefer? (Please list three preferences).

OFFICE USE ONLY

Is student enrolled in at least 6 hours? YES NO

Is student eligible for Federal College Work Study? YES NO

Amount of Federal Work Study student is eligible for:

Signature: Financial Aid Personnel

Copy to: Financial Aid
Payroll
Human Resources