



EVERGREEN VALLEY COLLEGE

Federal Work Study Application

Financial Aid Office
(408) 270 6460



SAN JOSÉ · EVERGREEN
Community College District

It is the policy of the San Jose/Evergreen Valley Community College District to provide an educational and employment environment in which no person shall be unlawfully denied full and equal access to the benefits of, or be subjected to discrimination in any program or activity of the District on the basis of ethnic group identification, race, color, language, accent, immigration status, ancestry, national origin, age, gender, religion, sexual orientation, transgender, marital status, veteran status or physical or mental disability.

Full name : _____ EVC ID#: _____

Address: _____

Phone: _____ Email Address: _____

Academic Major: _____

POSITION APPLYING FOR: _____

Did you attend the FWS Orientation? YES/ NO
(FWS Orientation required)

Employment History (if any)

Company: _____

Responsibilities: _____

Student Interest:

Skills: _____

Bilingual Yes/ No Language: _____

Work with children? Yes/ No Tutoring Experience? Yes/ No Teacher's Aide? Yes/ No

ACADEMIC REQUIREMENTS

To participate in the Federal Work Study (FWS) program you must enroll in at least 6 units per semester (not including summer). Students who withdraw or fall below 6 units will have their employment terminated.

Students must also maintain Satisfactory Academic Progress each semester. If you are disqualified from financial aid you will not be able to participate in the FWS program for the remainder of the school year.

I have read the above academic requirements and understand them.

Student's Signature

Date Signed

SUPERVISOR'S AGREEMENT

By signing this application, you agree to hire the above student to work in the current school year. You are also confirming that you have a copy of the Federal Work Study - Supervisor's Guide and have reviewed the information carefully.

Please forward this signed application to the FWS Coordinator in the Financial Aid office.

Supervisor's email: _____ Department:: _____

Supervisor's Signature

Date Signed