

Please return your completed and signed application to the Office of Enrollment Services.

APPLICANT INFORMATION

Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Have you filed your FAFSA?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>*Please Note: The FAFSA is a requirement to determine work study eligibility. If you have not filed your FAFSA please do so as soon as possible.</i>
Are you a returning work study student?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when and where were you employed?

ACADEMIC INFORMATION

Declared Major	Estimated Graduation Date
Future Career Goals	

PREVIOUS EMPLOYMENT AND/OR VOLUNTEER WORK

Provide Additional Sheets if Needed

Company Name/Address		Dates Employed (Month/Year)
Supervisor	Phone	May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>
Your Job Title	Responsibilities	
Company Name/Address		Dates Employed (Month/Year)
Supervisor	Phone	May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>
Your Job Title	Responsibilities	

AVAILABILITY AND WORK INTERESTS

Are you a member of any of SDCC's athletic, music, or ministry teams? YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, please list them here:
Is there a specific department you would like to work? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, please list the type of work or specific department you are interested in. <i>(Please note that The Enrollment Services Office/Career Center will consider this information when processing job placement, but does not guarantee placement in your specified area of interest.)</i>	

