



St. Vincent's College
 2800 Main Street
 Bridgeport, Ct 06606
 Financial Aid Office
 203-576-5937

Federal Work-Study Application

Student ID: _____ SSN: _____ Date of Birth: _____

Award Year: 20____ / 20____

Personal Information:

First Name: _____ Last Name: _____

Local Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Academic Information:

I certify that I am eligible for Federal Work Study Yes Award Amount: _____

Class Level: Freshman Sophomore Junior Senior

Expect Grad Date: _____

Schedule and Hours: Number of hours requested (Maximum = 20 hours)

Indicate days and times you are available to work (Students who do not have a schedule yet should be prepared to have this available for the supervisor during the interview).

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Employment information: (work experience – list most recent first)

Name & Location	Dates of Employment	Supervisor Name	Supervisor Phone #

Please submit your resume with this application. Students please note you will be required to submit additional documentation. Any questions should be directed to the Financial Aid Office, at 203-576-5756.