



TECHNICAL COLLEGE
OF THE LOWCOUNTRY
WWW.TCLEDU

2016-2017 TCL FEDERAL WORK-STUDY APPLICATION

FOR FINANCIAL AID USE ONLY
ELIGIBLE INELIGIBLE

Print Name: _____ Student ID: _____ Social Security #: _____
Full Mailing Address (include City, State, Zip): _____
Telephone Number: _____ Email: _____

Do you currently have a minimum cumulative 2.0 GPA? Yes No

ACADEMIC INFORMATION

Declared Major: _____ Credit
Hours Completed: _____ Anticipated Graduation Date: _____

WORK ACCESSIBILITY INFORMATION

When are you available to work? Morning Afternoon
Campus preference: Beaufort Hampton New River
Is there a specific area in which you would like to work? Please identify the area.

Have you previously worked with the Work-Study Program? Yes No
If yes, in which department and for whom did you work?

EXPERIENCE

Please list any experience and/or skills you have that may aid in your placement.

Have you ever been convicted of a criminal offense? Yes No
If yes, please use this space to describe the offense.

Note: Omit minor vehicle violations and any offense committed before your 17th birthday which was finally adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not a bar to employment. Each conviction is evaluated individually.

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship _____ Phone _____

TERMS OF FEDERAL WORK-STUDY AWARDS: By signing below I understand if I am hired as a FWS Student I understand the following:

- I cannot earn more than my awarded amount.
- I will not be scheduled to work more than 15 hours per week, and I will be responsible to note my time and not go over 15 hours.
- I will not be asked to work during my class schedule.
- I must notify my supervisor if I am unable to work at my scheduled time.
- I must maintain a 2.0 GPA and must meet all SAP requirements.
- I understand confidentiality is required to work in any department. Breaches of confidentiality can result in termination.
- I may be terminated for refusing to work, not showing up for work, punctuality problems, performance problems, or for creating a disturbance within the work area

SIGNATURE: _____ DATE: _____ *Please return to the TCL Financial Aid Office.*

STATEMENT OF NON-DISCRIMINATION *The Technical College of the Lowcountry is committed to a policy of equal opportunity for all qualified applicants for admissions or employment without regards to race, gender, national origin, age, religion, marital status, veteran status, disability, or political affiliation or belief. Form Last Revised on 04/18/16.* CRI:FAC16CWS Page 1 of 1.