



Office of Financial Aid

Federal Work Study (FWS) & Student Employment Program (SEP) Application

Date of Application: _____

Please fill in requested information below. Please print clearly.

Personal Information

Name: _____
Last Name
First Name
Middle

Address: _____

City/ State/Zip: _____

Phone: _____ Cell: _____ Personal E-Mail _____

Date of Birth: _____ Social Security Number: _____ Sex: Male _____ Female _____

Citizenship Status (*circle one*): US Citizen _____ Permanent Resident _____ Student Visa _____

Education

Student ID Number: N00- _____ UDC E-mail: _____

Classification: (*circle one*) FR SO JR SR GR Major: _____ Enrollment Status (*circle one*) FT or PT

Enrollment Term: Fall _____ Spring _____ Summer _____ Cumulative GPA: _____ Student Schedule (***Please attach***)

Employment

Have you been requested by an office or professor on campus? YES/ NO

If Yes, Please state the Office or name of Supervisor: _____

Identify all skills you have that would make you a candidate for the Federal Work Study Program. For example: typing, speaking a Foreign language or computer knowledge, etc. (***Please attach resume***)

Office Use Only

<input type="checkbox"/> Resume	FLAGSHIP _____	CCDC _____
<input type="checkbox"/> Student Schedule	Hire Date _____	End Date _____
<input type="checkbox"/> Active UDC E-MAIL	Site Location _____	
<input type="checkbox"/> FWS _____ SEP _____		
<input type="checkbox"/> Date FAFSA completed _____		

Please return completed form to:
 Office of Financial Aid –Student Employment Coordinator Bldg. 39, Room 101
 Fax: (202) 274-6060