

FEDERAL WORK-STUDY STUDENT INFORMATION SHEET

All forms must be completed in black ink.

Student Name: _____

Social Security Number: _____ Date of Birth: _____

U.S. Citizen (yes or no): _____

Local Address: _____

Student's University Email: _____

Home Phone#: _____ Work Phone#: _____

Program Enrolled: _____ Graduate or Undergraduate (**Circle**)

Expected Graduation Date (**Month/Year**): _____

Student Employment Official Use Only:

Start Date of Employment: _____

(Approved start date will be emailed to both student employee and supervisor upon application review)