



Office of Financial Aid
 Waycross Campus (912) 287-6584
 Jesup (912) 427-5800
 Alma (912) 632-0951
 Camden (912) 522-4511
 Hazlehurst (912) 379-0041
 Baxley (912) 367-1700
 Golden Isles (912) 262-4999
 Email: finaid@coastalpines.edu
 Website: www.coastalpines.edu

**Federal Work-Study
 Application Request**
 Form: **FWSR2122**
 Aid Year: **2021-2022**

I am applying for the Federal Work-Study program at Coastal Pines Technical College. If eligible and offered a position, I understand that I may work only the number of hours authorized to work each semester, without special permission. I also understand that I may not work more than a maximum of 20 hours per week, if authorized, and maintain Satisfactory Academic Progress in order to be eligible to continue in this program and must be continuously enrolled/attending in at least 6 semester credit hours each semester. I also certify that I am a recipient of the Federal PELL Grant program, do not have ANY criminal history and am not prevented from lawfully becoming employed in this country because of visa or immigration status. Note: a criminal background check and proof of citizenship/immigration status will be required prior to offer of Federal Work-Study Employment at CPTC.

This form must be completed each semester to evaluate remaining eligibility!

Enter full name		900 _ _ _ _ _	
Full Name (last, first, and middle initial)		Student ID Number	
Enter address		Enter email	
Street Address (include apt. no.)		CPTC Email Address	
Enter city, state, zip		Enter phone #	
City	State	Zip Code	Phone Number

Please note times available to work:

Circle the semester for evaluation: Fall 2021 Spring 2022 Summer 2022

Enter Times of Day Below:

Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____

Skills and abilities: (Check all that apply)

- | | | | |
|---|---|--------------------------------------|---|
| <input type="checkbox"/> Typing (Speed/WPM) _____ | <input type="checkbox"/> Filing/Imaging | <input type="checkbox"/> Computer | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Office Machines | <input type="checkbox"/> Telephone | <input type="checkbox"/> Switchboard | <input type="checkbox"/> Microsoft Office |
| <input type="checkbox"/> Tutor (Math/Reading) | <input type="checkbox"/> Adult Literacy | <input type="checkbox"/> Office Work | <input type="checkbox"/> Library |

Student's Signature: _____ Date: _____

TO BE COMPLETED BY OFFICE OF FINANCIAL AID

Student has Financial Need: Yes No If No, Reason for Ineligibility: _____

Maximum Hours Eligible to Work: _____ Semester: _____

BANNER Program of Study: _____

Financial Aid Officer Signature: _____ Date: _____