



Office of Financial Aid  
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 Jesup (912) 427-5800  
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 Website: [www.coastalpines.edu](http://www.coastalpines.edu)

**Federal Work-Study  
 Application Request**  
 Form: **FWSR2223**  
 Aid Year: **2022-2023**

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 19.5 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!**

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

**Please note times available to work:**

**Circle the semester for evaluation:      Fall 2022      Spring 2023      Summer 2023**

**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: \_\_\_\_\_