

**PRE-APPLICATION
For Federal WORK-STUDY
(For Screening Purposes ONLY)**

Last name: _____

Semester _____

First Name: _____

Date applied: _____

Email: (print clearly) _____

Gender: _____

Living on Campus: _____

Living Off campus _____

Class rank (check one)

Fresh	<input type="checkbox"/>
Soph	<input type="checkbox"/>
3rd Year	<input type="checkbox"/>
4th Year	<input type="checkbox"/>

Proram/Major: _____

Credits enrolled: _____

Have you been approved for work-study before? Yes _____ No _____

IMPORTANT: ?

Why are you interested in work-study?

Signature

Date:

INSTRUCTIONS

Selection will be based on first come first serve and the requirements announced.

Make sure you sign and complete. Missing signatures will not be accepted.

Check if your name is selected to attend the workshop. You must attend the workshop announced.

For National campus submit to financial aid or email this form to: yeetingt@comfsm.edu.fm

For CTEC submit to Patrick or email this form to: werthog@comfsm.edu.fm

For Chuuk campus submit to Memorina or email this form to: myesiki@comfsm.edu.fm

For Kosrae campus submit to Eileen or email this form to: eileens@comfsm.edu.fm

For Yap campus submit to Monalisa or email this form to: mlayan@comfsm.edu.fm

*****CHECK YOUR EMAIL FOR THE STATUS OF YOUR SUBMISSION*****