

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

Last name: \_\_\_\_\_

Date applied: \_\_\_\_\_

First Name: \_\_\_\_\_

Date received: \_\_\_\_\_

Gender: \_\_\_\_\_

State: \_\_\_\_\_

**Class rank (circle one)**

|       |      |          |          |
|-------|------|----------|----------|
| Fresh | Soph | 3rd Year | 4th Year |
|-------|------|----------|----------|

Semester: \_\_\_\_\_

Credits enrolled: \_\_\_\_\_

**Living On-Campus**

|     |    |
|-----|----|
| Yes | No |
|-----|----|

Apply to work (check one)

On-campus

Off-campus

**IMPORTANT:** Why are you interested in work-study?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date:

**INSTRUCTIONS**

Complete by filling out clearly, signing and attach 2 copies of your class schedule and submit to Financial Aid Office. **Incomplete forms will not be accepted.**

**FOR OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE**

|  |                          |  |  |
|--|--------------------------|--|--|
| Complete form  | <input type="checkbox"/> |  |  |
| Submitted on time  | <input type="checkbox"/> |  |  |
| Completed FAFSA  | <input type="checkbox"/> |  |  |
| Completed COMAFA   | <input type="checkbox"/> |  |  |
| Cumulative GPA   | <input type="checkbox"/> |  |  |
| Financial Aid status OK  | <input type="checkbox"/> |  |  |
| Credits enrolled   | <input type="checkbox"/> |  |  |
| Residential student  | <input type="checkbox"/> |  |  |
| Previous experience  | <input type="checkbox"/> |  |  |
| Supervisor's recommendation  | <input type="checkbox"/> |  |  |
| Non-working student (independent)                                  | <input type="checkbox"/> |  |  |
| Non-working parents (dependent student)                            | <input type="checkbox"/> |  |  |
| Good Work-Study history and/or utilized allocated work-study hours | <input type="checkbox"/> |  |  |

Approved \_\_\_\_\_

Not Approved \_\_\_\_\_

Remarks:

Reviewed by: \_\_\_\_\_