

APPLICATION FOR EMPLOYMENT WORK STUDY PROGRAM

FINANCIAL AID



Social Insurance Number:	Student ID Number:
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Last Name:	First Name:	Initial:
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Address:	City:	Postal Code:
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Date of Birth (dd/mm/yy):	Selkirk College Email Address:	Phone:
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Campus: <input type="checkbox"/> Castlegar <input type="checkbox"/> Nelson <input type="checkbox"/> Trail	Program of Study:	Year: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
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NAME OF POSITION APPLYING FOR (SEE JOB POSTINGS FOR TITLE OF POSITION):

Please briefly summarize your previous education and/or experience that would demonstrate and support your qualifications and skills for this position:

TERMS AND CONDITIONS

- All information given here is true and complete to the best of my knowledge. I understand that if any of the information is found to be untrue, this applicaiton may be cancelled and position terminated.
- I am/will be registered and attending Selkirk College over the duration of my work study and in good standing order with Selkirk College. I will notify my supervisor should I discontinue my studies, or should my situation change.
- It is my responsibility to discuss the work hours with my supervisor to build a schedule that will fit both our needs.

Signature of Applicant _____ Date _____