



Deadline date: June 15th
Work Study Application Form
2023-24 Academic Year

Last Name	First Name	MI	Date of Birth	Student ID
Address (include Apt. #)			Email Address	
City	State	Zip Code	Phone Number (include area code)	
Class Level: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore			Major/Program of Study	

Job Skills	Employment History - List Positions

Openings for work study students include the following. Place a 1, 2, and 3 next to your first (1), second (2), and third (3) choices. Place an 'X' next to any positions that you WILL NOT accept.

<input type="checkbox"/> ACES Center (Tutor) <input type="checkbox"/> Admissions Department (Clerical) <input type="checkbox"/> Athletic Department (Intramural events; Office work) <input type="checkbox"/> Automotive Department (Auto Lab Assistant) <input type="checkbox"/> Canteen (Cashier, Stocking and Food Prep) <input type="checkbox"/> Building Trades Department (Lab Assistant) <input type="checkbox"/> Business Department (Faculty Assistant) <input type="checkbox"/> Campus Housing (Assistant) <input type="checkbox"/> Consession Stand (Food Service) <input type="checkbox"/> Dean of Students Office (Clerical) <input type="checkbox"/> Financial Aid Office (Clerical) <input type="checkbox"/> High-School Tutor (Off-Campus)	<input type="checkbox"/> Houghton Campus (Clerical) <input type="checkbox"/> Houghton Campus (Tutor) <input type="checkbox"/> Language/Fine Arts Department (Faculty Assistant) <input type="checkbox"/> Library (Assistant) <input type="checkbox"/> Maintenance Department (Cleaning, Setup, Repairs) <input type="checkbox"/> Math/Science Department (Faculty Assistant) <input type="checkbox"/> Mechanical Design (Lab Assistant) <input type="checkbox"/> Mt. Zion (Maintenance) <input type="checkbox"/> Nursing (Lab Assistant) <input type="checkbox"/> Social Science Department (Faculty Assistant) <input type="checkbox"/> Welcome Desk (Greet Guest, Check out Samson Gear) <input type="checkbox"/> Other: _____
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What is your work preference? Check all that apply.
 Daytime
 Evening/Night
 Weekends
 No Preference

Comments/Requests

Student Signature _____ Date _____

Office of Student Financial Aid
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 Phone: (906) 307-1206 Fax: (906) 932-2339 Email: FAO@gogebic.edu