

UAHT Work-Study Application/Questionnaire

Return to: Office of Financial Aid
University of Arkansas Community College at Hope
PO Box 140
Hope, AR 71802-0140

Work-Study Applicant Information:

Last Name	First Name	Middle Initial
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Social Security Number	Date of Birth
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Current Mailing Address	City	State	Zip Code
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E-mail address	Phone number (Home)	(Work)
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Have you ever been employed at UACCH? Yes No (If yes, complete the following)

Position	Department	Dates From	To
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When would you be available to work: Daytime only Evenings only Either

Do you have any relatives who work at UACCH? Yes No (If yes, complete the following)

Name of relative	Relationship to you
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Check each you feel you are qualified to perform or have obtained previous experience in:

Computers Data Processing General Office Grounds Work

Lab Assistant Library Work Cafeteria Cashier

Distance Learning Technology Desktop Publishing/Layout Editing/Journalism

List any of your special skills, talents or interests: _____

List your preference of the departments where you would like to be placed: _____

In addition, UACCH participates in the **AMERICA READS** and **AMERICA COUNTS** programs, in which UACCH students will be placed in one of several area elementary schools to tutor students in reading and/or arithmetic. Although we cannot guarantee placement in these programs to all work-study eligible students, you may indicate interest below in either or both programs. We will do our best to assign you to the areas that you have indicated.

AMERICA READS **AMERICA COUNTS**

Student Signature _____ Date _____