EMPLOYMENT IN THE WORK-STUDY PROGRAM QUESTIONNAIRE 2024-25

NAME					
Last	First	St	Student ID		
PERMANENT HOME ADD	RESS				
	Street/P.O. Box	City	State	Zip	
HOME OR CELL PHONE	NUMBER ()				
EMAIL ADDRESS:					
ADDRESS WHILE ATTEN	DING VC				
	Street/P.O. Box	City	State	Zip	
PHONE NUMBER WHILE	ATTENDING VC ()_				
COLLEGE MAJOR					
CAMPUS: () Vernon ()	Skills Training Center () Co	entury City Center			
Have you completed a Free A	Application for Federal Student	Aid (REQUIRED)?	'()Yes	() No	
Do you have transportation	for an off-campus position? ()	Yes ()No			
II. EMPLOYMENT HIS	STORY AND TRAINING				
Please describe your skills, e	mployment history and/or any s	pecialized training	or experience.		
					
Signature		Date			

Please return this questionnaire to the Financial Aid Office for assistance in securing a work-study position.