EMPLOYMENT IN THE WORK-STUDY PROGRAM QUESTIONNAIRE 2023-24

NAME				
Last	First	St	Student ID	
PERMANENT HOME ADDRI	ESS			
	Street/P.O. Box	City	State	Zip
HOME OR CELL PHONE NU	MBER ()	-		
EMAIL ADDRESS:				
ADDRESS WHILE ATTENDI	NG VC			
	Street/P.O. Box	City	State	Zip
PHONE NUMBER WHILE AT	TTENDING VC ()_			
COLLEGE MAJOR				
CAMPUS: () Vernon () Sk	xills Training Center () C	entury City Center		
Have you completed a Free Ap	plication for Federal Student	Aid (REQUIRED)?	Yes (() No
Do you have transportation for	an off-campus position? ()	Yes ()No		
II. EMPLOYMENT HISTO	ORY AND TRAINING			
Please describe your skills, emp	oloyment history and/or any s	pecialized training	or experience.	
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Signature				

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