

EMPLOYMENT IN THE WORK-STUDY PROGRAM QUESTIONNAIRE
2026-27

NAME _____
Last First Student ID

PERMANENT HOME ADDRESS _____
Street/P.O. Box City State Zip

HOME OR CELL PHONE NUMBER () _____ - _____

EMAIL ADDRESS: _____

ADDRESS WHILE ATTENDING VC _____
Street/P.O. Box City State Zip

PHONE NUMBER WHILE ATTENDING VC () _____ - _____

COLLEGE MAJOR _____

CAMPUS: () Vernon () Skills Training Center () Century City Center

Have you completed a Free Application for Federal Student Aid (REQUIRED)? () Yes () No

Do you have transportation for an off-campus position? () Yes () No

II. EMPLOYMENT HISTORY AND TRAINING

Please describe your skills, employment history and/or any specialized training or experience.

Signature

Date

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