## EDUCATIONAL OPPORTUNITY PROGRAM

## APPLICATION FOR COLLEGE WORK STUDY EMPLOYMENT

Today's Date:						
Name:						
Last	First			M		
Year in College (please c	ircle): Fr	. So.	Jr.	Sr.		
Semester[s] Applying Fo	r (please circle)	):				
Summer I	Sun	nmer II		Fall	l	Spring
Intended Start Date:						
I and Address.			Dhan	a #4. (	`	
Local Address:			Phon	e #: (	)	
			Cell #	#: (	)	
E-MAIL Address:						
	e print clearly)					
EOP Advisor:		Desir	ed Wor	k Locatio	on:	
Lot ravisor.				or or Mai		
	WORK	EXPERI	ENCE			
Please let us know of any	previous cleric	cal / office	experie	ence you	may hav	/e:
	RE	FERENCI	ES			
Please list three names ar furnish information about		ers of facu	lty or s	taff at Ne	ew Paltz	who can best
1.						
2.						
2						
J						

O:\eop\! files\Work Study Application.DOC

Name:		
	First	Last

## **AVAILABILITY**

Please put an "X" in the boxes where you are able to work. *For example:* to indicate you can work from 8:30-10:30 put X's in the boxes from 8:30 through 10:30.

	MON	TUES	WED	THURS	FRI
8:30 AM					
9:00 AM					
9:30 AM					
10:00 AM					
10:30 AM					
11:00 AM					
11:30 AM					
12:00 PM					
12:30 PM					
1:00 PM					
1:30 PM					
2:00 PM					
2:30 PM					
3:00 PM					
3:30 PM					
4:00 PM					
4:30 PM					
5:00 PM					

Please notify the EOP office at once, at 257-3226 if your schedule, room and/or telephone numbers change

FOR INTERNAL USE ONLY								
FR	SO	JR	SR	GPA:	SGA:	Yes	No	