

EDUCATIONAL OPPORTUNITY PROGRAM
APPLICATION FOR COLLEGE WORK STUDY EMPLOYMENT

Today's Date: _____

Name: _____
Last First M

Year in College (please circle): Fr. So. Jr. Sr.

Semester[s] Applying For (please circle):

Summer I Summer II Fall Spring

Intended Start Date: _____

Local Address: _____ Phone #: () _____

_____ Cell #: () _____

E-MAIL Address: _____
(Please print clearly)

EOP Advisor: _____ Desired Work Location: _____
(EOP Advisor or Main Office)

WORK EXPERIENCE

Please let us know of any previous clerical / office experience you may have: _____

REFERENCES

Please list three names and phone numbers of faculty or staff at New Paltz who can best furnish information about you:

1. _____

2. _____

3. _____

