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| **SUMMER FEDERAL WORK-STUDY PROGRAM – 2022 APPLICATION FOR EMPLOYMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Please complete this application if you are interested in summer employment through the SUNY ESF Federal Work-Study Program during the summer of 2022. An online application is available at* ***http://www.esf.edu/financialaid/sumfwsapp.asp.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Deadline to Apply:** | | | | **March 15, 2022 for first review. Applications received after March 15 WILL still be considered.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Required Forms:** | | | | **This application and a processed Free Application for Federal Student Aid (FAFSA).** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ***Step 1: Personal Information – to be completed by all applicants.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| LOCAL ADDRESS: | | | | |  | | | | | | | | | | | | | | | | | | | CITY: | | | | | | | |  | | | | | | | | | | | | | | | | | |
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| 22-23 GRADE LVL: | | | | |  | | | | | | | | DOB: | | |  | | | | | | | | MAJOR: | | | | | | | |  | | | | | | | | | | | | | | | | | |
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| E-MAIL ADDRESS: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ***Step 2: Work Qualifications and Availability – to be completed by all applicants.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| On the reverse side of this page, or on an attached sheet, please answer the following two questions. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. What previous working experiences have you had? Include part-time academic year or summer work during college and high school, special work assignments, volunteer experiences, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. What special skills do you possess that might be utilized during summer and/or academic year employment? Include typing, painting, carpentry, yard care, computer, office, lab skills, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Do you have a valid driver’s license? | | | | | | | | | Yes | | | | | | | |  | No | | | | | | If yes, what state? | | | | | | | | |  | | | | | | | | | | | | | | | | |
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| Will you enroll in summer classes that are relevant to your curriculum during summer 2022? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | |  | | | | No | | | | | | | |
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| If yes, where? | |  | | | | | | | | | | | | | How many weeks? | | | | | | |  | | | | | | | Total credits: | | | | | | | | | |  | | | | | | | | | | |
| **\*Students who plan to enroll in classes at an institution other than SUNY ESF must attach proof of enrollment.\*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| What dates are you available for employment during summer 2022? (May 9– August 29) | | | | | | | | | | | | | | | | | | | | | | | | | | | Start: | | | |  | | | | | | End: | | | | | | | | |  | | | |
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| Please rank your work location preferences, using each ranking only once (1=high, 6=low). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Newcomb | |  | | |  | Tully |  | |  | | Cranberry Lake | | | | | | | |  |  | | Wanakena | | |  | |  | | TIBS | | | | | |  | | | |  | | | | | Syracuse | | | | |
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| ***Step 3: Application Authorization*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please sign the application:** | | | | | | | | | | | | | | | | | | |  | | **OFFICE USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I authorize the release of this information to SUNY ESF Federal Work-Study supervisors. | | | | | | | | | | | | | | | | | | |  | | ISIR | | | |  | | | | | | | | | EFC | | | | | | |  | | | | | | | |  |
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| SIGNATURE | | | | | | | | | | |  | | | DATE | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*If completing this form electronically please type name in box\*** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please return this form to:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |