



EASTERN ARIZONA COLLEGE

APPLICATION FOR WORK STUDY EMPLOYMENT

Last Name: _____ First Name: _____ Student ID: _____

Address: _____
P.O. Box/Street City State Zip

Telephone Number: _____ Email: _____

Position _____ Department _____ Supervisor _____

List experience, knowledge, skills, abilities, or qualifications that you feel would especially fit you for work for the EAC Work Study Program:

Are you related to anyone employed at EAC? If so, who? _____

List below the last two places of employment, beginning with current or most recent employment:

Name _____	Job Title _____
Address _____	Supervisor _____ Phone _____
Hourly Wage _____	From _____ To _____ Reason for leaving _____
Describe the work you did including major responsibilities of your position: _____	

Name _____	Job Title _____
Address _____	Supervisor _____ Phone _____
Hourly Wage _____	From _____ To _____ Reason for leaving _____
Describe the work you did including major responsibilities of your position: _____	

Do you qualify for Federal WS (FAFSA Completed) Yes No

I certify that the information provided in this application is true and complete to the best of my knowledge.

Applicant's Signature _____

Date _____



EASTERN ARIZONA COLLEGE

Financial Aid and Veteran Services Office
615 N. Stadium Avenue Thatcher, Arizona 85552
928-428-8287 finaid@eac.edu

Name: _____

Student ID: _____

Phone: _____

Email: _____

2024-2025 Housing Information

Instructions

Please complete the following form regarding your housing plans for the 2024-2025 award year, **only select one box:**

On Campus

With Parent

Off Campus

Student Certification

By signing, I certify that the information reported on this housing form is complete and correct.

Student's Signature

Date