



Urban College of Boston

A TWO-YEAR COLLEGE CHARTERED IN 1993
 2 Boylston Street, Boston, MA 02116
 617-449-7070 www.urbancollege.edu

WORK-STUDY APPLICATION 2019-2020 Academic Year **Applicant MUST submit the 2019-2020 FAFSA**

Full Legal Name:				Date:	
DOB:		Last Four SS#	xxx-xx-		
Mailing Address					
Phone #		Email:			

Employment History:

Are you currently employed? Yes No

If yes:

Does your current employment relate to your field of study? Yes No

Will you continue this employment while enrolled at UCB? Yes No

Please list your most recent or current employer:

Employment Dates:	Start		TO	
Employer Name:				
Employer Address:				
Supervisor Name:		Supervisor Phone:		

Required Resume Attached: Yes No Do you give us permission to contact your supervisor above? Yes No

UCB Academic Information:

Certificate or Degree:	<input type="checkbox"/> Certificate <input type="checkbox"/> Degree	UCB Major Field of Study:	<input type="checkbox"/> GS <input type="checkbox"/> ECE <input type="checkbox"/> HUS
*Expected Credits - Fall		*Expected Credits - Spring	

*Minimum of 6 credits per semester is required for Work-Study participation. If you are unsure, please see your advisor to confirm that you meet these requirements.

Work-Study Job Interest Statement:

Hours Per Week Available		Work Time Preferred:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input checked="" type="checkbox"/> Evening
Skills/Interests you have:	Typing	Yes	No
	Filing	<input type="checkbox"/>	<input type="checkbox"/>
	Scan/Copy	<input type="checkbox"/>	<input type="checkbox"/>
	Accounting	<input type="checkbox"/>	<input type="checkbox"/>
	Tutoring	<input type="checkbox"/>	<input type="checkbox"/>
		Specific Job Applying For:	<input type="checkbox"/> _____ <input type="checkbox"/> No Preference

I understand that the contents of this application form will be used by the College in the process of offering work-study assignments and that this application must be accompanied with a current resume. I certify that all the information provided is true and complete to the best of my knowledge. This information may be shared with my work-study supervisor(s).

 Applicant's Signature

 Date

UCB Office Use Only

Student Is: FASFA Eligible Confirmed 6+ credits Student Account Verified

F/A Office Approved Not Eligible, Reason _____

F/A Officer Signature _____ Date _____