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Application for Work-study

Check your RCCC Email for any and all correspondence.

Student Information

Position Applying For (Required) _____

Name: _____ SSN\Student ID: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Cell Phone: _____ Work Phone: _____ Date of Birth: _____

Major/Program of Study: _____ RCCC Email: _____

Credit Hours Enrolled: _____ Semester Enrolled: _____ Primary Campus Attending: _____

List any and all job skills (ex: computer skills, organizational skills, Microsoft Office experience):

Previous Employment (include volunteer work, elementary school volunteer):

Signature: _____ Date: _____

Completing this form does not guarantee a work-study position. Positions will be filled based on skills and availability.

For Office Use Only

Denied ____ Reason for Denial _____

Approved ____

Placed with (include Department and Supervisor Information):

Financial Aid Counselor: _____