



Office of Financial Aid

470 Western Highway, Orangeburg, NY 10962

(845) 848-7831

APPLICATION FOR CAMPUS EMPLOYMENT RETURNING WORK STUDY STUDENTS

Academic Year: _____ / _____ STUDENT ID# _____

Name: _____ Social Security # _____
First Last

Address: _____ Cell Phone # () _____
Number and Street area code number

Apt # _____ Home Phone # () _____
area code number

City: _____ State: _____ Zip: _____ Date of Birth: _____/_____/_____

YEAR IN SCHOOL: _____ FRESHMAN _____ SOPHMORE _____ JUNIOR _____ SENIOR

MAJOR: _____ Dorm: _____ & Location _____ Commuter: _____

REQUEST TO RETURN TO LAST YEAR'S JOB (circle one) YES or NO

JOB LOCATION – LAST YEAR: _____

SUPERVISOR – LAST YEAR: _____

If you do not choose to return to last year's job, explain why and post another location.

Why not returning?

New Location Request (post two)

1. _____ 2. _____

Complete and return the following documents to the Office of Financial Aid:

- Application for Campus Employment (Returning Student)
- W-4 Tax (employee's withholding Allowance Certificate)
- Employee Direct Deposit Enrollment Form
 - (IF you have a direct deposit form on file, you do not need to complete another one.)