



FEDERAL WORK STUDY PROGRAM STUDENT WORKER APPLICATION

DATE:	
STUDENT NAME:	
CWID:	

APPLICATION YEAR
2023-2024

Don't know your CWID (Campus Wide ID)? – find it at www.mercy.edu/lookup

CONTACT INFORMATION:

Mailing Address:		Phone:	
Address line 2:		Mercy E-mail:	@mercyc.edu
City, State Zip:		Personal E-mail:	

EDUCATION:

I am enrolled in the SCHOOL of	Choose a school.	CLASS YEAR	Choose a class year.
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MAJOR:		Expected Year of Graduation		Cumulative GPA	
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AVAILABILITY:

I am:	Choose an item.	My primary Campus is:	DOBBS FERRY	<input type="checkbox"/>	MANHATTAN	<input type="checkbox"/>
			BRONX	<input type="checkbox"/>	YORKTOWN	<input type="checkbox"/>

Check ALL that apply.

I am interested in working:	On Campus	<input type="checkbox"/>	Off Campus	<input type="checkbox"/>	Fall Term	<input type="checkbox"/>	Spring Term	<input type="checkbox"/>
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Check ALL that apply.

MY AVAILABLE HOURS ARE:

Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday		
START		END	START		END	START		END	START		END	START		END	START		END	START		END
	am			am			am			am			am			am			am	
	pm			pm			pm			pm			pm			pm			pm	

SKILLS: Please rate yourself on the following skills. 1 = Novice 2 = Proficient 3 = Expert

SKILL	Rating	SKILL	Rating	SKILL	Rating
Interpersonal Skills		Faxing		Spreadsheets	
Mechanical Ability		Telephone		Word Processing	
Detail Orientation		Filing		Outlook Email / Calendar	
Organizational Skills		Data Entry		PowerPoint	
Work Independently		Databases		Internet Search	
Copying / Collating		Basic Accounting		Scanning	

For Office Use Only	FWS:	CE:	INTL/CE
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Please Note: All information must be typed into this form and uploaded back into Handshake at www.mercy.joinhandshake.com to submit with the FWS job(s) you are applying for (do not print and fax or submit as an email attachment).