DELAWARE
COLLEGE OF ART
AND DESIGN

DCAD

600 N MARKET ST
WILMINGTON DELAWARE 19801
302.622.8000

COLLEGE WORK STUDY APPLICATION

Student Information (please print clearly):

FIRST NAME _____ LAST NAME _____ DATE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ CELL PHONE _____ EMAIL _____

Major: □ Animation □ Fine Arts □ Graphic Design □ Illustration □ Interior Design □ Photography

Are you a new or returning student? □New Student □ Returning Student

□ I worked on campus last year (Specify Dept) _____

I am interested in working (Check all that apply) □ Fall _____ YEAR □ Spring _____ YEAR □ Summer _____ YEAR

Desired position □ Lab Monitor (Specify Dept) _____

□ Office Aid (Specify Dept) _____

□ Student Assistant (Specify Dept) _____

□ Other (Specify Dept / Location _____

Community Service □ Christiana Cultural Arts □ Kuumba Academy

□ Delaware Division of the Arts □ Delaware Center for Contemporary Arts

□ Other (Specify) _____

I would like to work the times checked below (Check all that apply).

Monday	□ Morning	□ Afternoon	□ Evening
Tuesday	□ Morning	□ Afternoon	□ Evening
Wednesday	□ Morning	□ Afternoon	□ Evening
Thursday	□ Morning	□ Afternoon	□ Evening
Friday	□ Morning	□ Afternoon	□ Evening
Saturday	□ Morning	□ Afternoon	□ Evening
Sunday	□ Morning	□ Afternoon	□ Evening

My strengths/Skills (Check all that apply)

□ Filing
□ Making telephone calls
□ Answering the phone and taking messages
□ Word processing, forms, letters and reports
□ Working with children on art projects
□ Researching information online
□ Other Skills _____

□ Teaching adults or children to read and understand
□ Entering computer data
□ Copying materials
□ Collating and organizing materials
□ Giving presentations / tours
□ Processing mailings

Please list or describe what you would like to learn.

Please explain why we should hire you over another college work study candidate.

Prior work experience:

1. _____
   POSITION LOCATION DATE SKILLS USED/ACQUIRED
2. _____
   POSITION LOCATION DATE SKILLS USED/ACQUIRED
3. _____
   POSITION LOCATION DATE SKILLS USED/ACQUIRED
4. _____
   POSITION LOCATION DATE SKILLS USED/ACQUIRED

I certify that the information listed on my CWS application is true. I understand that I may be contacted by prospective DCAD or DCAD affiliated community based employers to determine whether I am appropriate to be hired as a student worker. I further understand that I am responsible for contacting potential DCAD affiliated supervisors once I enroll at DCAD in order to maximize my CWS placement opportunities in order to be hired. I understand that once hired and assigned a CWS job, I must complete CWS orientation/paperwork through the Financial Aid Office and am expected to successfully complete orientation with my supervisor for my assigned CWS position. I understand that should my supervisor, the financial aid office or I determine that I do or cannot meet the expectations of my CWS position, the DCAD Financial Aid Office may elect to transfer me to another department or dismiss me from the CWS program, contingent upon circumstances.

_____

PRINT NAME STUDENT SIGNATURE DATE

The Delaware College of Art and Design is committed to a policy of equal opportunity for all educational activities, admissions, scholarship and loan programs, and employment. Discrimination on the basis of race, color, national origin, religion, sex, sexual orientation, gender identity or expression, age, physical disability, marital status, veteran status, or other protected status is prohibited at the Delaware College of Art and Design. Acts of Discrimination that limit or deny access to the educational process and that create a hostile environment are not consistent with the philosophy or mission or Delaware College of Art and Design.

Send your completed CWS application to the Financial Aid Office via fax or mail.
Phone: 302-622-8867 x105 or 122 Fax 302-622-8870
Mail DCAD, 600 North Market St, Wilmington, DE 19801

FOR OFFICE USE ONLY

Application received _____ / ____ / _____ Student hired _____ / ____ / _____
DATE DATE

Student placed _____
DEPT / OFFICE SUPERVISOR

CWS orientation completed _____ / ____ / _____ CWS Authorization Form _____ / ____ / _____
DATE DATE