

Delaware Valley College

Renewal Student Employment Application for **Fall 2008**

Contact Information: Please Print

Name: _____ Anticipated Year of Grad: _____

Major: _____ GPA: _____

Phone Number: _____ Cell Phone: _____

E-Mail: _____ Room #: _____

Student ID: _____ Social Security Number: _____

Department(s)/ Area(s) you worked for during 2007-2008: _____

Average number of hours per week that you were employed: _____

Pay rate per hour: _____

Department you are applying to work in: _____

Student's Signature: _____ Date: _____

By signing, the student acknowledges they are in good standing and registered for Fall courses. Applications will not be accepted without a signature. Signature will reflect approval of re-consideration for re-hire.

Department Hired: _____ Start Date: _____

Supervisor's Signature: _____ Date: _____

Hourly Rate: _____

Supervisors please keep a copy for your records.

Financial Aid Approval: _____

Approval will be based on both the Department's available budget and on the student's qualified demonstrated need.

Return completed original application to the Financial Aid Office located on the 2nd floor of Lasker Hall.