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 ☐ Teaching adults or children to read and understand

☐ Making telephone calls ☐ Entering computer data

☐ Answering the phone and taking messages ☐ Copying materials

☐ Word processing, forms, letters and reports ☐ Collating and organizing materials

☐ Working with children on art projects ☐ Giving presentations / tours

☐ Researching information online ☐ Processing mailings

☐ Other Skills _____

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

Thank you for your interest in working while you study at DCAD. Your application will be reviewed by prospective supervisors and you may be contacted by offices that want to employ you this school year. CWS pays $8 per hour and paid on the 15th and at the end of each month. Paychecks are placed in campus mailboxes unless otherwise directed by the employee.

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 ____/____/____ (DATE) Student hired ____/____/____ (DATE)

Student placed _____ (DEPT / OFFICE) _____ (SUPERVISOR)

CWS orientation completed ____/____/____ (DATE) CWS Authorization Form ____/____/____ (DATE)

☐ W-4 ☐ I-9 ☐ I.D – 1 ☐ I.D – 2 ☐ Expectations reviewed / signed ☐ CWS Contract / Confidentiality agreement

Comments / Recmmendations_____