



# MILITARY STUDENT SUCCESS CENTER

## Summer Work Study Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ UTEP ID: \_\_\_\_\_

UTEP E-mail Address: \_\_\_\_\_

VA Education Benefit Receiving: \_\_\_\_\_

Major: \_\_\_\_\_ Available Start Date: \_\_\_\_\_

Anticipated Schedule

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Please attach resume.

## Work Experience

Supervisor may be contacted

From:	To:	Employer:	Phone:
Job Title:		Address:	
Supervisor:		Responsibilities:	

<b>From:</b>	<b>To:</b>	<b>Employer:</b>	<b>Phone:</b>
<b>Job Title:</b>		<b>Address:</b>	
<b>Supervisor:</b>		<b>Responsibilities:</b>	

<b>From:</b>	<b>To:</b>	<b>Employer:</b>	<b>Phone:</b>
<b>Job Title:</b>		<b>Address:</b>	
<b>Supervisor:</b>		<b>Responsibilities:</b>	

<b>From:</b>	<b>To:</b>	<b>Employer:</b>	<b>Phone:</b>
<b>Job Title:</b>		<b>Address:</b>	
<b>Supervisor:</b>		<b>Responsibilities:</b>	