



ON-CAMPUS STUDENT ASSISTANT APPLICATION

SEMESTER AND YEAR: _____

To be completed by FA Office:

GPA: _____

HRS: _____

NAME _____ STUDENT ID: _____

STREET ADDRESS _____ CITY _____ ZIP _____

COLLEGE MAJOR _____ PHONE # _____

E-MAIL _____

HOW LONG DO YOU ANTICIPATE ATTENDING BRAZOSPORT COLLEGE? _____

WORK EXPERIENCE: LIST YOUR LAST TWO JOBS, BEGINNING WITH THE MOST RECENT:

1. _____

2. _____

QUALIFICATIONS AND INTERESTS:

NOTE: IT IS REQUIRED THAT ALL STUDENTS COMPLETE A FAFSA BEFORE AN APPLICATION WILL BE APPROVED.

HAVE YOU SUBMITTED A FAFSA? YES NO

FROM THE LIST BELOW, LIST THE OFFICES WHERE YOU WOULD FEEL QUALIFIED AND WOULD LIKE TO BE EMPLOYED:

- ADMINISTRATIVE OFFICE FITNESS CENTER FINE ARTS FACULTY OFFICE GAME ROOM LIBRARY
- SCIENCE LAB INFORMATION TECHNOLOGY LAC 4:30-9:30 pm M-TH STUDENT LIFE CONSTRUCTION TRADES

I UNDERSTAND THAT STUDENT ASSISTANT CANDIDATES ARE REQUIRED TO MAINTAIN A CUMULATIVE GPA OF 2.0 OR HIGHER AND MUST BE ENROLLED IN SIX (6) SEMESTER CREDIT HOURS IN THE LONG SEMESTERS AND THREE (3) SEMESTER CREDIT HOURS IN THE SUMMER AT THE TIME OF EMPLOYMENT. IF MY ENROLLMENT FALLS BELOW THE REQUIRED NUMBER OF HOURS, MY EMPLOYMENT MAY BE TERMINATED AND I WILL RECEIVE NO FURTHER COMPENSATION. I ALSO UNDERSTAND THAT MY RELEASE AT THE END OF THE SEMESTER DOES NOT CONSTITUTE A LAY-OFF. THE MAXIMUM NUMBER OF HOURS I MAY WORK IS 20 HOURS PER WEEK.

If I am hired as a student employee of Brazosport College, I understand that by virtue of my employment with Brazosport College I may have access to records which contain individually identifiable information, the disclosure of which is prohibited by the Family Educational Rights and Privacy Act of 1974. I acknowledge that I fully understand that the intentional disclosure by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law. I further acknowledge that such willful or unauthorized disclosure also violates policies of Brazosport College and could constitute just cause for disciplinary action including termination of my employment regardless of whether criminal or civil penalties are imposed.

SIGNATURE OF APPLICANT _____ DATE _____

ALL FIELDS MUST BE COMPLETED BEFORE SUBMITTING TO FINANCIAL AID.

DEPARTMENT: _____ NUMBER OF HOURS PER WEEK: _____

REQUESTED BY: _____ DATE: _____

SUPERVISOR APPROVAL: _____ DATE: _____

FINANCIAL AID APPROVAL: _____ DATE: _____

LOCAL FWS AMOUNT _____