Last Name:	First Name:		Middle Initial:		
myWSU ID:					
Date of Birth:	(MM/DD/YY) Email:				
Address:	City:	St	ate:	Zip:	
Home phone: ()	Work phone:	: ()			
Check one: U.S. Citizen [ ]	Permanent Resident	[]	Internati	onal Student [ ]	
Are you eligible for Work-study? Ye	s[] No[]				
Are you currently employed on cam	pus?Yes[]No[]	lf yes, total	number	of hours:	
WSU Department:	WS	U Box #:	Pho	one #:	
Educational Information					

College classification:					
Currently enrolled at WSU?	Yes [	]	No [	]	



## UNDERGRAD/GRAD STUDENT ASSISTANT APPLICATION VETERANS UPWARD BOUND

Please shade the times that you are available to work.

	SUN	MON	TUES	WED	THURS	FRI	SAT
8:00 am							
9:00							
10:00							
11:00							
12:00 pm							
1:00							
2:00							
3:00							
4:00							