

Work-Study Application 2026-2027

Last Name _____ First Name _____ MI _____

Alt ID # _____ SCO Class of _____ SCO email _____

Local Address: _____
Street Address City State Zip Code

Local Phone Number (____) _____ Cell number (____) _____

Have you worked before at SCO? Yes No

Days and Times/Semesters you are available: _____

Work You Have Done Previously:

Skills You Have:

Areas You'd Like to Work:

Please upload completed document and resume to FinancialAid@sco.edu.