



LC Work Scholars Application- FALL 2025
Application Deadline: March 1, 2025

- Applications will only be accepted through our **Handshake** job posting
- Resume must be submitted with application or you won't be considered for the program
- All applications must be typed using 12-point font

APPLICANT INFORMATION

Name: _____ Warrior ID Number: _____
Phone: _____ Email: _____@students.lcstate.edu
Address: _____
City: _____ State: _____ Zip: _____
Enrollment Status: Full-time Part-time Major: _____
Number of college credits earned to date: _____
Current **cumulative** GPA: _____

Military Service (Complete if you have served in the Armed Forces)

Branch of Service: _____
Dates of Service: From: _____ To: _____

MOTIVATION

Please limit each response to 500 words or less. Attach a separate page if necessary.

Explain your reasons for wishing to be a member of the Work Scholars program.

Describe the type of work experience you desire to gain and why.

Explain what you have to offer a potential work site.

SKILLS AND EXPERIENCE

Indicate the specific work skills you possess (check all that apply or list others) **-AND-**
Provide examples and/or how you acquired those skills.

SKILLS	EXAMPLES -and/or- HOW YOU ACQUIRED THEM:
Communication: (ex: Public Speaking, Written Professional)	
Leadership: (ex: Volunteering, Academic roles/honors, Elected positions in clubs, etc.)	
Office Skills: (ex: Telephone, Keyboarding __WPM, Filing)	
Teamwork: (ex: Clubs/Organizations Athletics, Theater/Band)	
Time Management/ Organization: (ex: Extracurriculars, Working while in school, etc.)	
Technical Skills: (ex: Engine Repair, Welding, Drafting, Carpentry, Other)	
Computer Applications: (ex: Microsoft Office, Adobe Google Suite, Filing, Budgeting)	
Customer Service: (ex: Cash Handling, Supervising, Conflict Resolution, Inventory)	
What other skills do you have that are relevant to the positions you are interested in?	

CURRENT AND PREVIOUS WORK EXPERIENCE

Name of Employer: _____

Employer Address: _____

Supervisor Name: _____

Employed From: _____ To: _____

May we contact this employer? _____

Name of Employer: _____

Employer Address: _____

Supervisor Name: _____

Employed From: _____ To: _____

May we contact this employer? _____

Name of Employer: _____

Employer Address: _____

Supervisor Name: _____

Employed From: _____ To: _____

May we contact this employer? _____

Name of Employer: _____

Employer Address: _____

Supervisor Name: _____

Employed From: _____ To: _____

May we contact this employer? _____

If you need space for additional employers, please attach separate sheet with the required information.

ACKNOWLEDGEMENT

Applicant Name: _____

Application Check List

- My application was completed with 12-point font
- I submitted my resume and application to the LC Work Scholars office through Handshake
- My 25-26 FAFSA is current and up-to-date.

(Please check with the financial aid office to be certain that your 25-26 FAFSA is current. If we are unable to determine your eligibility for the program because your 25-26 FAFSA is not current your application will not be considered)

For information about completing FAFSA: <http://www.lcsc.edu/financialaid/fafsa/>

For help and assistance contact Financial Aid: (208) 792-2224, RCH 110

The information I have provided in this application for LC Work Scholars is true, correct and complete. False, incomplete, or misrepresented information of any kind, will be sufficient cause for my application to be rejected, or, if discovered after I am employed, cause for immediate termination of my employment. This application is not an employment agreement. I understand that if accepted as a Work Scholar I agree to abide by all program and College policies and procedures or changes therein.

Regarding Personally Identifiable information: I authorize LC Work Scholars to release/exchange written, verbal and/or electronic information; including Personally Identifiable Information and other information that is otherwise protected by FERPA, to individuals on and off campus who have a business need to know. This may include, but is not limited to worksites/jobs with whom I have chosen to apply. This consent will expire upon written request of the student.

By signing this, I affirm that the above application check list is complete and if required documents are not received by the LC Work Scholars Office by March 1st, 2025 then I understand my application will not be complete and not considered.

All Work Scholars are subject to the successful completion of a criminal background check.

Signature: _____ Date: _____

LC State is committed to providing equal employment opportunities and prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities and prohibit discrimination against all individuals based on their race, color, religion, political affiliation or belief, sex, national origin, genetics, or any other status protected under applicable federal, state, or local laws.

The Director of Human Resource Services has been designated to handle inquiries regarding non-discrimination policies and can be reached at 208-792-2269 (TTY 711) or at the Administration Building, Room 102, on LCSC's campus, 500 8th Avenue, Lewiston, Idaho, 83501.