

LC Work Scholars Application- SPRING 2025 Application Deadline: October 11th, 2024

- 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-tim	ne □Part-time	Major:	
Number of college credits ea	rned to date:		
Current cumulative GPA:			
Military Service (Complete if	you have served i	n the Armed Forces	s)
Branch of Service:			
Dates of Service: From:	То	<u></u>	

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, KeyboardingWPM, 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:		
May we contact this employer?		
Name of Employer:		_
Supervisor Name:		
Employed From:	To:	
May we contact this employer?		
Name of Employer:		_
Employer Address:		_
Employed From:		
May we contact this employer?		
Name of Employer:		_
Employer Address:		-
		_
Employed From:		
May we contact this employer?		

 ${\it If you need space for additional employers, please attach separate sheet with the required information.}$

ACKNOWLEDGEMENT

Applicant Name	
Application Check I	ist
o My a	application was completed with 12-point font
	omitted my resume and application to the LC Work Scholars office through Handshake
	24-25 FAFSA is current and up-to-date.
to de	ise check with the financial aid office to be certain that your 24-25 FAFSA is current. If we are unab etermine your eligibility for the program because your 24-25 FAFSA is not current your application not be considered)
	nformation about completing FAFSA: http://www.lcsc.edu/financialaid/fafsa/
For h	nelp and assistance contact Financial Aid: (208) 792-2224, RCH 110
incomplete, or miss rejected, or, if disco application is not a	ave provided in this application for LC Work Scholars is true, correct and complete. False, represented information of any kind, will be sufficient cause for my application to be overed after I am employed, cause for immediate termination of my employment. This nemployment agreement. I understand that if accepted as a Work Scholar I agree to abide College policies and procedures or changes therein.
verbal and/or elect is otherwise protect	ly Identifiable information: I authorize LC Work Scholars to release/exchange written, ronic information; including Personally Identifiable Information and other information that ted by FERPA, to individuals on and off campus who have a business need to know. This not limited to worksites/jobs with whom I have chosen to apply. This consent will expire est of the student.
, , , , , , , , , , , , , , , , , , , ,	Firm that the above application check list is complete and if required documents are not Work Scholars Office by October 11 th , 2024 then I understand my application will not be considered.
All Work Scholars a	re subject to the successful completion of a criminal background check.

Lewis-Clark State College does not discriminate on the basis of race, color, religion, age, sex (including gender identity, sexual orientation, and pregnancy), national origin, physical or mental disability, protected veteran status, genetic information, or any other status protected under applicable federal, state or local law. This policy applies to all programs, services, and facilities, including applications, admissions, and employment. The Director of Human Resource Services has been designated to handle inquiries regarding nondiscrimination policies and can be reached at 208-792-2269 or in the Administration Building, Room 102, on LCSC's campus, 500 8th Avenue, Lewiston, Idaho 83501. TTY 1-800- 377-3529.

Signature: _____ Date: _____