

Student Name: _____ Date: _____

Student Major: _____ ID#: _____

Phone Number: _____ Email Address: _____

Expected Graduation Date: _____ Current Cumulative GPA: _____

How many credit hours total have you completed? _____

Who is your Academic Advisor? _____

Do you have a resume and cover letter? Yes No

Are you currently employed? Yes No

Do you receive Financial Aid? Yes No

If so, what kind? _____

What companies are you interested in?

What length of internship would you like to complete? _____

When do you want to complete the internship?

List any special requirements or accommodations needed:

Why do you want to participate in the Cooperative Work Study Program?

Do you plan to seek permanent employment in Illinois? Yes No

If you have a resume and cover letter already written, please attach along with your applications.

FOR OFFICE USE ONLY:

Application Submitted on _____ Processed By: _____

Application Status: Approved: _____ Denied: _____

On Hold: _____