

**WSU Veteran Services  
VA Benefit Work Study  
Application Form**

**(For Office Use Only)**

**Supervisor: Megan Olsen**

**Position: Education Benefit Student Assistant**

*The information you provide on this application will assist our office in determining if you best fit the position. Therefore, it is very important that you be specific. Once you have completed this form, submit it to our office. After we receive your application, we may contact you for an interview.*

**Date of Application:** \_\_\_\_\_

**Personal/Contact Information:**

Student's Name	myWSU ID	
_____	_____	
XXX-XX-	_____	_____
Student's SSN (Last 4 digits)	Student's Phone Number	Student's WSU Email Address

**Which VA education benefits are you using?**

- Ch 33 Post-9/11  
 Ch 33 TOE  
 Ch 30  
 Ch 1606  
 Ch 1607 (REAP)  
 Ch 35 DEA  
 Ch 31

Major/Program of Study	Grade Level (ie. Freshman)	Graduation Date
_____	_____	_____

**Please list your special skills or interests which would be beneficial to this position:**

\_\_\_\_\_

\_\_\_\_\_

**If you have prior or current military experience, please describe:**

\_\_\_\_\_

\_\_\_\_\_

**Days & Hours of Availability (list tentative hours for each week day between 8-5):**

**\*Most positions prefer 20-25 hours of availability per week, and some evening hours Monday through Thursday may allow until 7pm**

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

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\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
myWSU ID Number

**Prior or Current Work Experience (list at least 1 previous employer, beginning with most recent):**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Duties Performed

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Supervisor's Phone Number or Email Address

\_\_\_\_\_  
Start Date

to \_\_\_\_\_  
End Date

\_\_\_\_\_  
Reason for Leaving Position

May we contact this employer?  Yes  No

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Duties Performed

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Supervisor's Phone Number or Email Address

\_\_\_\_\_  
Start Date

to \_\_\_\_\_  
End Date

\_\_\_\_\_  
Reason for Leaving Position

May we contact this employer?  Yes  No

*To the best of my knowledge, all information on this application is true and correct. I authorize Wichita State University to use the information given in determining my eligibility for employment, including contacting each of my former employers listed concerning my qualifications for employment. Permission also is granted to each of my former employers to give Wichita State University information they may have with respect to my work experience with them. I understand that fraudulent statements made in this application may be cause for disqualification for employment at or dismissal from Wichita State University.*

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Please return this application to:**

Megan Olsen  
VA School Certifying Official  
Wichita State University  
megan.olsen@wichita.edu