

**Office of Military & 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	_____
_____	_____	_____	_____	_____
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 _____

_____ to _____
Start Date 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 _____

_____ to _____
Start Date 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
Assistant Director | VA Certifying Official
Office of Veteran Services
Wichita State University
megan.olsen@wichita.edu