Last Name:	First Name:	Middle Initial:		
myWSU ID:				
Date of Birth:	(MM/DD/YY)			
Address:	City:	State: Zip:		
Home phone: ()	Work phone: ()			
Check one: U.S. Citizen []	Permanent Resident []	International Student []		
Are you eligible for Work-study? Yes	s[] No[]			
Are you currently employed on camp	us? Yes[] No[] If ye	es, total number of hours:		
WSU Department:	WSU Box #:	Phone #:		
Educational Information College classification:				
Currently enrolled at WSU? Yes []	No[]			
B				



UNDERGRAD/GRAD STUDENT ASSISTANT APPLICATION VETERANS UPWARD BOUND

Please shade the times that you are available to work.

	SUN	MON	TUES	WED	THURS	FRI	SAT
8:00 am							
9:00							
10:00							
11:00							
12:00 pm							
1:00							
2:00							
3:00							
4:00							