

THSP DEPT. STUDENT ASSISTANT APPLICATION FORM

Date of application _____

Name _____ Semesters in the Dept.* _____

Phone (campus/In-town) _____ Cell _____

Social Security No. _____ UTC ID _____

*If you are not a Theatre major/minor, state your major and class rank _____

Have you checked for your eligibility for Work Study funds? _____

Have you applied for Financial Aid? _____

What (if any) financial aid are you receiving? _____

Indicate your financial need this semester: Extreme ____ Moderate ____ Slight ____

Have you previously worked for the State of Tennessee? _____

Do you have an off-campus job? _____ How many hours per week? _____

How many assistantship hours per week do you wish to work? _____

PLEASE NOTE. Due to departmental scheduling, it will be necessary to have Saturday work sessions. Will you be available for Saturday calls? ____ If not, please state your reason on the back of this form.

Rank the following in terms of your preference for assignment:

Scene Shop ____ Costume Shop ____ Office/House & Publicity ____

Do you use of an automobile? _____

Please complete the following:

Chattanooga address:

Permanent address:

