

# THSP Student Assistant Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Semesters in the Dept. \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Local phone #: \_\_\_\_\_

UTC ID: \_\_\_\_\_ UTC e-mail address: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Are you eligible / qualified for the Federal Work Study Program? \_\_\_\_\_

Have you applied for Financial Aid (FAFSA)? \_\_\_\_\_

What financial aid (inc. scholarships & Work Study) are you receiving or expect to receive?

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Circle your expected financial need next semester: Extreme Moderate Slight

Have you previously been employed by the State of Tennessee? \_\_\_\_\_

Do will you have, or expect to have, an off-campus job? \_\_\_ If so, how many hours per week? \_\_\_\_\_

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

Rank the following in terms of preference for assignment:

Scenery/Props \_\_\_\_\_ Costumes \_\_\_\_\_ Office \_\_\_\_\_ Publicity \_\_\_\_\_ Lighting \_\_\_\_\_

Do you have use of an automobile? \_\_\_\_\_

Local Address:

Permanent Address:

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