



ASSEMBLIES OF GOD THEOLOGICAL SEMINARY

1435 N. Glenstone Avenue
Springfield, Missouri 65802
(800)-467-2487 • (417)-268-1000 • Fax: (417) 268-1001

Application for College Work Study

The Assemblies of God Theological Seminary does not discriminate on the basis of race, creed, color, sex, age, national origin, or handicap.

Mr./Mrs./Miss Last Name _____ First _____ Middle Initial _____

Social Security Number _____ Date of Birth _____

Current Address, City, State, Zip _____

Current Phone Number _____ Emergency Phone Number _____

Which degree program are you currently in? ___ MA ___ MDIV ___ Unclassified ___ Audit ___ Other

How many hours have you completed toward your AGTS degree? _____ What is your anticipated date of graduation? _____

Check the items in which you have had training or experience:
___ Typing ___ WPM ___ Receptionist ___ Library of Congress ___ Computer Skills
___ Clerical Work ___ Switchboard ___ Library Filing

Computer programs used: _____

List other office skills and/or computer knowledge: _____

What time of day do you prefer to work? ___ A.M. ___ Afternoon ___ Evening ___ No Preference

Comments: _____

Check the position(s) which you prefer: ___ Library ___ Other: _____

List your former employers and their addresses, including former Work Study:

Name _____ Type of Work _____

Address _____

Employer's Phone (____) _____ Employed from _____ to _____

Name _____ Type of Work _____

Address _____

Employer's Phone (____) _____ Employed from _____ to _____

I certify that I, as a student, am in need of financial aid in order to attend the Assemblies of God Theological Seminary. The information on this form is true and complete to the best of my knowledge.

Signature _____

Date _____

Please return this form to the Financial Aid Office at the address on the top of this form.

Rev.03/06/2008