

OCEAN COUNTY COLLEGE  
OFFICE OF FINANCIAL AID  
2009-2010

**WORK-STUDY PROGRAM JOB DESCRIPTION**

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Please complete this form.

**Department:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Phone/E-Mail:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_

**#of hours/week**  
**(Max. 15 hrs/wk)** \_\_\_\_\_

**Terms of Work**  
**Desired:**      **Fall** \_\_\_\_\_ **Spring** \_\_\_\_\_ **Both** \_\_\_\_\_

**Position Description:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Technical or Special**  
**Requirements:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Classification:**    **Federal** \_\_\_\_\_ **Institutional** \_\_\_\_\_

