

TERM \_\_\_\_\_

## ***Work-Study Job Description Form***

***Lewis-Clark State College  
Financial Aid Office***

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

Campus Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Desired Skills: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Job Description/Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Resume Required: \_\_\_\_\_ Yes \_\_\_\_\_ No

Hours Per Week: \_\_\_\_\_

Hourly Pay Rate: \_\_\_\_\_

**Please submit to the Financial Aid Office, Reid Hall 208**