

Rust College Office of Financial Aid
Work Study Program
150 Rust Ave
Holly Springs, MS 38635
vgulledge@rustcollege.edu
(662) 252-8000 ext. 4064
Fax: (662) 252-7901



Student ID _____

School Year _____

Federal/Rust Work Study Information Sheet

PLEASE PRINT

Name _____ Date of Birth _____

Home Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Cell _____

Email Address: _____

Residential Hall _____ Room No _____

Room Telephone No _____

Is this your first year participating in the Work Study Program? Yes _____ No _____

In case of an emergency Contact: _____

Relationship to you _____

Contact Number _____

I certify that the above information is correct and complete to the best of my knowledge. I will inform the Work Study Coordinator of any changes of information.

Sign _____

Date _____