

Rhode Island Sea Grant STUDENT APPLICATION

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Mobile Phone: _____

Email: _____

Emergency Contact: _____

Telephone Number(s) of Emergency Contact: _____

Days Available: (Circle all that apply)

Monday Tuesday Wednesday Thursday Friday

Hours Available: _____

Skills: _____

Do you have a work study award: Yes No

Education Credentials

School	Date	Degree	Location

References (Name of person not related to you that you have known for at least 3 years, provide address and phone number):

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous Employment (Most recent job first):

Name	Phone	Contact
_____	_____	_____
Dates: _____		
Address: _____		
Duties: _____		

Name	Phone	Contact
_____	_____	_____
Dates: _____		
Address: _____		
Duties: _____		

Please return this form to Rhode Island Sea Grant:

Fax: (401) 874-6817

E-mail: allard@gso.uri.edu

Mail: Rhode Island Sea Grant Communications, URI Bay Campus, Narragansett, RI 02882.