

## **TUITION CREDIT WITH THE WORK STUDY PROGRAMS**

If you are interested in any of the following work-study programs, please fill out the form and return it to Jim O'Neill at CDH, 550 South Albert St., St. Paul, MN 55116 by August 24, 2018. Students will receive a \$8.00 per hour tuition credit for all positions. If you have questions, please email Jim O'Neill at [joneill@c-dh.org](mailto:joneill@c-dh.org).

### **CLASSROOM PROGRAM:**

Students are needed to clean classrooms before and after school. Time required is about 15 minutes per day. Duties include cleaning the boards, emptying pencil sharpeners and trash cans. Openings may be available throughout the year so if extra-curricular activities make it difficult to work now, students can check back later in the school year to schedule a time.

### **LUNCHROOM DUTY (limited):**

Students are given time to eat lunch. Work begins when the bell rings in the cafeteria and is completed by the end of their lunch period. This allows the students to get to their class on time.

### **MAINTENANCE PROGRAM:**

This program is limited to about twelve students. Students are needed to assist the maintenance staff. These are positions of greater responsibility than the traditional work-study program. Students must be able to work independently without constant supervision. We expect greater reliability and have higher standards when hiring for these positions. Preference is given to students who have previously participated in the work-study program.

**THERE WILL BE A MEETING AT 2:45PM ON WEDNESDAY, AUGUST 29, 2018 IN THE COMMONS.  
STUDENTS AT THE MEETING WILL BE GIVEN ASSIGNMENT PREFERENCE**

***Work assignments will be distributed to students the 2<sup>nd</sup> week of school***

**CRETIN-DERHAM HALL SCHOOL YEAR WORK STUDY PROGRAM APPLICATION**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
(Last) (First)

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
(Last) (First)

Parent/Guardian \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Address \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

Parent/Guardian \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email address \_\_\_\_\_

Address \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

**My Work Preference: (Indicate first and second choice)**

**SCHOOL YEAR OPTIONS:**

**Classroom Program\_\_\_\_\_:**      *Circle one:*    **Before School**    or    **After School**

**Maintenance Program\_\_\_\_\_:**      *Circle one:*    **Before School**    or    **After School**

**Lunchroom Duty\_\_\_\_\_ (limited)**

Please advise of any special circumstances \_\_\_\_\_

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**Students will be credited for the time actually worked. Credit is applied on a monthly basis. Those who do not follow through on their assignments may be dropped from the program.**

**I promise to work at the job to which I am designated for the full time of my assignment.**

**Student Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Parent Signature \_\_\_\_\_ Date \_\_\_\_\_**

**RETURN DEADLINE: AUGUST 24, 2018**

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