



Office of Scholarships & Financial Aid
University of North Carolina Wilmington
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Position Title:	Number of Positions:
Position Classification:	Suggested Pay Rate:
Name of Organization:	Telephone#:
Location/Address:	
Supervisor:	Supervisor's Title:
Supervisor's Email:	Supervisor's Telephone#:

ORGANIZATION'S MISSION:

KEY RESPONSIBILITIES:

ESSENTIAL KNOWLEDGE, SKILLS AND/OR ABILITIES:

PREFERRED KNOWLEDGE, SKILLS AND/OR ABILITIES:

HOURS OF OPERATION:

PREFERRED HOURS OF AVAILABILITY, if applicable: (ex. mornings, afternoons, weekends):