



Career Pathways Application

The following information is requested to determine eligibility to participate in the Career Pathways Initiative (CPI). Completion of this form does not constitute eligibility, nor does it commit you to participate in the program.

Please Print Legibly

Date: _____

First Name: _____ Last: _____ Maiden: _____

Address: _____ County: _____

Phone: _____ Alternate Phone: _____

Social Security #: _____ Birthdate: _____ Gender: Male Female

Email address: _____

Race: Asian/Pacific Islander American Indian or Alaska Native **Single Parent?** Yes
 Black (Non-Hispanic Origin) Hispanic No
 Non-Resident Alien White (Non-Hispanic Origin)

<p>Current Employment Status</p> <p><input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed</p> <hr/> <p>Name of Employer: _____</p> <p>Address: _____</p> <hr/> <p>Time employed in months: _____</p> <hr/> <p>Wages: _____ per <input type="checkbox"/> hour <input type="checkbox"/> month <input type="checkbox"/> year</p>	<p>Do you currently receive:</p> <p>TEA: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you a former recipient of TEA: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Food Stamps: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>AR Kids <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Medicaid <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answer "No" to all of the above, you will need to provide copies of your most recent tax return or a current pay stub before your application can be further processed.</p>
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Marital Status: Single Married Divorced Separated Widowed Other

Have earned a: HS Diploma GED (date obtained _____) Bachelor's Degree

OR Want to earn a GED Already enrolled in GED? Yes No Where? _____

Current college student? Yes No College name _____ Program/Major _____

New to college? Yes No If no, last college attended & dates: _____

Have you applied for Financial Aid (Pell Grant)? Yes No

Do you have a home computer with internet access? Yes No

How did you hear about Career Pathways? _____

Please Continue Application →

Authorization and Release:

By signing below I give full permission to the CPI staff at NWACC to review my financial and academic records including but not limited to my FAFSA application, income tax return, if requested, test scores, transcripts, and participation with DHHS programs. This information will be used to determine my eligibility to participate in CPI. The program may also access pertinent records related to my employment and attendance or graduation. The above information will provide enough information to begin a review to assess your current needs. Submission of this form authorizes CPI to communicate with any person or persons to verify the foregoing information, including but not limited to earnings from employers, and to contact financial institutions for financial data and any other agency or persons regarding your financial condition. Assistance is not guaranteed. I verify that I am a parent, with a child under the age of twenty-one that lives with me in my residence, on a full time, permanent basis.

Signature _____

Date _____

Documentation:

Once admitted to the Career Pathways program and scheduled for an intake interview, please be prepared to provide copies of the following:

- Letter from DHS stating what type of services you and/or your children are receiving, signed by DHS
- Birth certificates and social security cards of the children for whom you provide support
- Legal documentation of primary custody arrangements, *if applicable*
- Letter from NWACC Financial Aid office regarding outcome of your financial aid application

Additional Information
