Arkansas Career Pathways Initiative Application FY22

Please read and complete the entire application and return to Career Pathways Program Staff.

First Name:	**Middle Initial:**	**Last Name:**	**Maiden Name:**

County:	**Telephone:**	**Cell:**

Gender: M F	**US Citizen: Y N**	**OR**	**Legally admitted alien: Y N**

Marital Status: ___ Married ___Single ___ Divorced ___Separated __Widowed
Date of Marriage: ____/____/____
If divorced or separated, please provide date: ____/____/____

Are you a Single Parent: Y N

Race	**Education (check all that apply)**	**How did you hear about Career Pathways?**
___Asian/Pacific Islander ___Black (Non-Hispanic Origin) ___Hispanic ___White (Non-Hispanic Origin) ___American Indian/Alaska Nat. ___other ___ Non-resident Alien	___ High School Graduate ___ GED Completer ___ Attended College ___ Academic Workplace Training ___ Currently Attending ___ College Graduate Degree: _____	___DHHS Counselor ___Poster ___Campus ___Mail ___Workplace ___Radio ___Television ___State Agency ___Newspaper ___Friends/Family ___Other: _____ ___For Profit Agency ___ Pathway web site

What is your ultimate career goal?

Do you receive any of the following (check all that apply)?	**Emergency contact:**
___Food Stamps ___Current TEA ___AR Kids ___Former TEA ___Medicaid ___Workpays ___Other (explain): _____	Name: _____ Phone Number: _____

Child Verification/Disclosure Information

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.

Names and information listed on TANF form

I certify that the information provided on this application is true and complete to the best of my knowledge. By signing this authorization, I allow the Educational Institution I am attending and the Department of Higher Education to use the information I have provided to execute statistical research.

Signature of Applicant:	Date:

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Action Plan- This section to be completed with a CP Staff Member

Pathway: _____ Employment Goal: _____

Certificate and Degrees to be completed:		Planned completion date:
Student is eligible for the following: (Check all that apply)		**Supplies & Program Support** (includes costs related to the program, including testing fees)
Notes:		**Tuition & Fees** (includes any charges that may be applied to the student account by UAM-MCGEHEE)
		Childcare
		Transportation
CP Staff: Date:		**Education Pays**

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