



Arkansas Career Pathways Initiative Application

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

Social Security Number:		Email Address:	
Last Name:	First Name:	Maiden Name:	
Street Address or PO Box:			
County:	City:	State:	Zip:
Telephone :	Cell:	Emergency Contact:	
Date of Birth:	Gender: M F	US Citizen:	OR Legally admitted alien:
		Y N	Y N
Marital Status:	Children under 21:	Children's ages:	
Race	Education (check all that apply)	How did you hear about Career Pathways?	
<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black (Non-Hispanic Origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> White(Non-Hispanic Origin) <input type="checkbox"/> American Indian/Alaska Nat. <input type="checkbox"/> Unknown	<input type="checkbox"/> High School Graduate <input type="checkbox"/> GED Completer <input type="checkbox"/> Enrolled in GED <input type="checkbox"/> College Graduate <input type="checkbox"/> Attended College <input type="checkbox"/> Academic Workplace Training <input type="checkbox"/> Currently Attending	<input type="checkbox"/> DHHS Counselor <input type="checkbox"/> Poster <input type="checkbox"/> Mail <input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> Newspaper <input type="checkbox"/> Friends/Family <input type="checkbox"/> Workplace <input type="checkbox"/> Other	
List previous colleges attended:			
Number of hours at previous colleges:	List any certificates or degrees you have earned:		
What is your CPI Pathway?			
EMPLOYMENT			
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Unemployed <input type="checkbox"/> Self <input type="checkbox"/> Other	Name of employer _____ Time with employer _____ Average number of hours worked per week _____ Wages per hour _____ or Annual salary _____ Supervisor _____ Work number _____		
Assistance	Financial Aid		
<input type="checkbox"/> Food Stamps <input type="checkbox"/> Medicaid <input type="checkbox"/> Current TEA <input type="checkbox"/> Former TEA <input type="checkbox"/> Other	PELL (FASFA) YES NO Housing Assistance YES NO Student Loans YES NO Rehab. YES NO Other Financial Aid YES NO If yes, specify _____ Are you in default on a Student Loan? YES NO Do you owe any college or school a past bill? YES NO If yes, specify _____		
Have you ever been convicted of a felony? YES NO			
If YES, was it in connection with distribution or manufacture of a controlled substance? _____			
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 UAM College of Technology-McGehee and the Department of Higher Education to use the information I have provided to execute statistical research.			
Signature of Applicant:			Date: