

# CAREER PATHWAYS INITIATIVE



**Please read and complete entire application.**

Social Security Number:		Email Address:	
Last Name:		First Name:	Maiden Name:
Street Address or PO Box:			
City:	County:	State:	Zip Code:
Telephone Number:		Cell Phone Number:	
Message Number		Emergency Contact Phone #:	
Date of Birth:		US Citizen: Y N <b>OR</b> Legally Admitted Alien: Y N	
Gender: M F	Marital Status:	Are you a single parent? Y N	
Number of Children under age 21:		Children's Ages:	

**Please list all children's name and social security numbers:**

Child:	Social Security Number:
Child:	Social Security Number:
Child:	Social Security Number:
Child:	Social Security Number:
Child:	Social Security Number:
Child:	Social Security Number:

Race:	Education: (Check all that apply)	How did you hear about Pathways?
<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black (Non-Hispanic Origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> White (Non-Hispanic Origin) <input type="checkbox"/> Unknown	<input type="checkbox"/> High School Graduate <input type="checkbox"/> Want to Earn GED <input type="checkbox"/> GED – Date Completed _____ <input type="checkbox"/> Currently Enrolled in GED <input type="checkbox"/> Academic Workplace Training <input type="checkbox"/> Enrolled in WAGE <input type="checkbox"/> Enrolled in College <input type="checkbox"/> College Graduate	<input type="checkbox"/> DHS Caseworker <input type="checkbox"/> Poster <span style="float: right;"><input type="checkbox"/> Web Site</span> <input type="checkbox"/> Mail <span style="float: right;"><input type="checkbox"/> State Agency</span> <input type="checkbox"/> Radio <span style="float: right;"><input type="checkbox"/> Campus</span> <input type="checkbox"/> Television <span style="float: right;"><input type="checkbox"/> (Student/Staff)</span> <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:
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What is your South Ark major (program)/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 per Week: _____ Hourly Wage _____ OR Annual Salary _____ Job Title _____ Supervisor _____ Work Number _____
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Do you receive? (√ all that apply)	Financial Aid:
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<input type="checkbox"/> Food Stamps <input type="checkbox"/> Medicaid <input type="checkbox"/> Current TEA <input type="checkbox"/> Former TEA <input type="checkbox"/> ARKids <input type="checkbox"/> Other – Specify: _____	Do you receive: PELL (FAFSA): Yes No Rehab. Yes No Student Loans: Yes No Housing Assist. 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
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Signature of Applicant:	Date:
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**Arkansas Career Pathways Initiative**  
**RESPONSIBILITY AGREEMENT**  
**REVISED 7-9-15**



As a participant in the Career Pathways Initiative, you are eligible to receive services and participate in activities that will increase your chances of succeeding academically and graduating. These services are offered at no additional cost beyond your regular tuition and fees as a South Arkansas Community College student. The program and staff will make this commitment to you. In return, we ask that you make the following commitment to us:

1. I accept responsibility for my own academic success and agree to attend classes regularly. I understand that I am to maintain satisfactory class attendance (as listed in the course syllabi).
2. I understand that the Career Pathways staff may confer with my instructors at any time concerning my attendance, my progress, and my grade. **However, it is my responsibility to get my attendance form signed by my in-class instructors each month and to send an e-mail to my online instructors requesting a progress report be sent to CPI Staff. I have been advised to copy CPI Staff on these e-mails.**
3. As a new CPI participant, I agree to complete Career Pathways Orientation on Blackboard.
4. I agree to attend an initial advisement session with my Career Pathways counselor at the beginning of each semester. **It is my responsibility to schedule and keep an appointment with my counselor at least once per month to discuss progress.**
5. **I understand that after TWO "no show, no call" missed appointments with my Career Pathways counselor I will be placed on probation for the remainder of the semester.**
6. I understand that my child(ren) cannot be brought to appointments with the Career Pathways staff.
7. I understand that any financial assistance offered by the Career Pathways Initiative is based on an "as needed" situation that will be determined by the Career Pathways staff, and that **services are not an entitlement.**
8. **I understand that no financial assistance will be provided until all requirements for the Employability Certificate, Job & Career Accelerator, and Orientation are completed.**
9. **I understand that I may receive CPI services at the same time that I am receiving other services (WIA, Pell, Rehab, etc.) as long as the services are different. Example 1: If I am getting a gas voucher from CPI, I should not get a mileage check or any other form of transportation assistance from another provider. Example 2: If I have WIA and am using that money to purchase textbooks, I will not be eligible for book assistance from CPI. Example 3: There is no problem if I use WIA funds to purchase textbooks and CPI pays my tuition.**
10. I agree to take any/all assessments necessary: Kuder/TABE/Compass/Occupation Matcher/Job Readiness Assessment.
11. I agree to complete at least 2/3 of my course load taken each semester **or be placed on probation.**
12. I agree to attend tutoring sessions in the Learning Center if an Early Alert is issued by my instructors.
13. I agree to participate in career exploration, financial aid advisement, counseling, academic advising, and workshops that are scheduled each semester as advised by Career Pathways staff.
14. I authorize the Career Pathways staff at South Arkansas Community College to obtain or exchange any records or data from the Student Records Office, Financial Aid Office, and /or any public service agency pertinent to my participation in the Career Pathway Initiative. I understand that my records are treated confidentially.
15. I agree to advise the Career Pathways staff of any change of address, phone number, or school/employment status within 5 working days.
16. **I understand that if my semester grade point average drops below a 2.0, the services that are offered to me will be discontinued and I will be placed on probation for the following semester.**
17. I agree to return any books purchased with Career Pathway funds to the program at the end of the semester **by the pre-determined deadline. If I withdraw from a class, I understand that I must return any CPI books within 3 days. Failure to do so will result in a hold being placed on my Southark account and ineligibility for book assistance.**
18. **I understand that StudentLingo workshops are required monthly, and if I fail to complete at least 1 workshop each month, CPI benefits (i.e., gas vouchers, childcare, laptop program) will be suspended.**
19. **If I fail to comply with the above obligations and responsibilities, I understand that I will be dismissed from the Career Pathways Initiative.**

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Signature of Student

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Date

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Career Pathways Staff

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Date



**AUTHORIZATION TO RELEASE OR OBTAIN INFORMATION FOR THE CAREER PATHWAYS INITIATIVE**

In the course of providing the best possible service to the participants of the Arkansas Career Pathways Initiative Program, the exchange of information between governmental agencies and educational institutions may be necessary. I hereby authorize the Arkansas Career Pathways Initiative personnel to release and/or provide, on a need to know basis, information which is reasonably necessary to accomplish the goals and objectives of the Pathways program. I understand the individuals that receive and use this information will hold it in the strictest confidence and will use it to better serve me. Non-personally identifiable information can be shared by ADHE/CPI with other entities to promote the program both inside and outside the state. I understand copies of this signed release will serve as valid authorization and the original signed document will be kept in my file. I understand that government records may be used to obtain this information.

I hereby authorize release of the following information to the following agencies, institutions or other parties unless the release or provision of such information is otherwise prohibited by law or regulation **(PLEASE INITIAL BY EACH STATEMENT)**:

- \_\_\_\_\_ The Department of Human Services and the Division of Child Care and Early Childhood Education (DHS/DCCECE) may provide information regarding my participation in agency programs. This will include names, social security numbers and other necessary information pertaining to my children.
- \_\_\_\_\_ The Department of Workforce Services ( DWS ) may provide information regarding my participation in the Transitional Employment Assistance (TEA) program, unemployment insurance benefit program and my participation in Workforce Investment Act employment and training programs
- \_\_\_\_\_ The Department of Career Education may provide information including WAGE, Adult Education and current and past education participation.
- \_\_\_\_\_ The Arkansas Department of Higher Education and affiliated educational institutions may provide records relating to my current and past education.
- \_\_\_\_\_ The educational institution involved in my participation in the Career Pathways Initiative may provide information between the internal departments.
- \_\_\_\_\_ The Workforce Investment Act service provider may provide information regarding my participation in adult work programs.
- \_\_\_\_\_ The Division of Rehabilitation Services may provide information regarding my participation in Rehabilitation Services employment and training programs.
- \_\_\_\_\_ The Department of Education and local school districts may provide information regarding my current and past education.
- \_\_\_\_\_ Private and career training institutions may provide records relating to current and past training and education.
- \_\_\_\_\_ My current and past employers may provide information related to my employment.
- \_\_\_\_\_ My likeness may be used for public relations purposes in the media including newspapers, newsletters, TV ads, and other media venues.

As a condition to my authorization the Arkansas Career Pathways Initiative agrees to use the information obtained solely for the purposes authorized by law and regulation including determining eligibility for employment and training programs, developing an appropriate employment or self-sufficiency plan, educational training and plans, and helping me achieve my occupational and education goals. This authorization can be revoked at any time with a written statement from me. This authorization is valid for the purpose of obtaining information for program performance reporting and participant follow-up activities related to pre-participation and post exit employment and earnings and for the purpose of obtaining educational information relating to my participation in the Career Pathways Initiative. I understand that, as a condition of my receiving services, information collected by the Career Pathways Initiative will be used for purposes of determining overall program performance.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



## INITIAL DOCUMENTATION REQUIRED FOR ARKANSAS CAREER PATHWAYS OFFICE

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|--|--|
| <p>_____ TABE/Accuplacer/ACT Scores</p> <p>_____ Copy of Latest Federal Income Tax Return <b>TRANSCRIPT</b></p> <p>_____ Copy of Child(ren)'s Birth Certificate(s)</p> <p>_____ Copy of Child(ren)'s Social Security Card(s)</p> <p>_____ Copy of Applicant's Driver's License</p> <p>_____ Copy of Applicant's Social Security Card</p> | <p>_____ Copy of High School Transcript and College Transcript if Applicable</p> <p>_____ Letter from DHS office Verifying Benefits Currently Received – TEA, Food Stamps, Medicaid, and/or ARKids</p> <p>_____ Proof of FAFSA Application and/or Copy of any Financial Award Letters, if Applicable</p> |
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Please note the following:

- 1) To receive childcare or transportation support, you must be employed for a minimum of **1 hour per period of reimbursement (4 hours monthly)**.
- 2) Applications and eligibility documents should be submitted by the following deadlines:
  - a) the first Monday of August for Fall Semester;
  - b) the first Monday of December for Spring Semester;
  - c) the first Monday of May for Summer Semester.

**Completing the Career Pathways Orientation on-line on Blackboard and earning an Employability Certificate is required for all Pathways students prior to receiving ANY financial assistance from CPI.**

**I understand (INITIAL EACH STATEMENT):**

- \_\_\_\_\_ That Career Pathways is not an entitlement program. Even though an individual may meet the basic criteria for eligibility, the CPI staff must determine if the program is the appropriate entity to provide services for me.
- \_\_\_\_\_ That completing this application does not guarantee that you will be approved for the CPI program.
- \_\_\_\_\_ That my appointment with the CPI Counselor will NOT be scheduled until ALL DOCUMENTATION requested above has been turned in to the CPI Office.

**AN APPLICATION WILL NOT BE CONSIDERED UNTIL ALL DOCUMENTATION HAS BEEN SUBMITTED TO THE CPI STAFF. IF YOU HAVE QUESTIONS OR NEED ASSISTANCE, PLEASE ASK.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**EQUAL OPPORTUNITY STATEMENT** -- SouthArk does not discriminate on the basis of age, race, color, creed, gender, religion, marital status, veteran's status, national origin, disability, or sexual orientation in making decisions regarding employment, student admission, or other functions, operations, or activities.

The college is in compliance with Titles VI and VII of the Civil Rights Act of 1964; Title IX of the Educational Amendments of 1972; Section 504 of the Rehabilitation Act 1973; and the Americans with Disabilities Act of 1990 (ADA), and all other federal and state laws related to equal opportunity practices.

Those having questions or seeking information regarding the college's compliance with and implementation of the aforementioned regulations should contact:

Equal Opportunity Officer c/o Human Resources  
South Arkansas Community College  
300 South West Ave.  
El Dorado, AR 71730  
(870) 862-8131, 1-800-955-2289