

## UACCB Career Pathways Initiative (CPI) Application

### Have you ever wished that you could have a second chance at education?

Furthering your education can lead to better **jobs** and **higher wages**. The Arkansas Career Pathways Initiative (CPI) may be able to provide you that **opportunity** by assisting you in completing a short-term, career **certificate** program and/or two-year **degree** programs leading to **high-demand careers**. Career Pathways may be able to help you with: job placement support; textbook loans; fuel vouchers; tuition and fee payment; childcare payment; and career and academic counseling.

### You may be eligible to participate in Career Pathways if:

- you are a parent or legal guardian of a child under 21 years of age who lives with you
- You are a current or former TEA/SNAP Food Stamp/Medicaid adult recipient whose gross income is less than 250% of the Federal Poverty Limit, and
- you intend to seek employment in a high demand occupation immediately following completion of a certificate or associate degree program

Household size	TANF-eligible Income (250% - 130% FPL)
2	\$40,600 or less
3	\$51,050 - \$26,546
4	\$61,500 - \$31,980
5	\$71,950 - \$37,414
6	\$82,400 - \$42,848
7	\$92,850 - \$48,282
8	\$103,300 - \$53,716

### To apply for UACCB CPI: (submit the following documents to Casey or Debbie)

1. Complete a CPI application (entirely, neatly, and use a pen please)
2. Latest federal form 1040 income tax return (just those 2 pages, signed)  
OR pay slips, check stubs and/or an income verification form (ask us about these)
3. Driver's license or government issued photo ID
4. ONE of the following for each child (if the children are not listed on your taxes)
  - Each Child's Social Security *card* (not just the number)
  - Each Child's birth certificate
  - Baptism or other religious document
  - Paternity acknowledgement
  - Child support letter
  - Adoption papers

(Please use a pen and write legibly. Failure to complete all requested information may delay or prevent CPI participation.)

Applicant Information			
Last Name:	First:	Maiden:	DOB:
Physical Address:			Apartment/Unit #:
City:		State:	Zip:
Mailing Address:			Apartment/Unit #:
City:		State:	Zip:
Cell Phone:	Home Phone:		County:
Social Security #:		Alternate Phone Number:	
Emergency Contact:		Emergency Contact Number:	
School Email:		Personal Email:	
Number of Children living in the home:		Children's ages & date of birth: _____ / _____ / _____	
Race: <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"/> Non-Resident Alien <input type="checkbox"/> Other	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated	Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-citizen -Country of Citizenship: _____
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, was it in connection with distributing or manufacturing a controlled substance? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Education (List the current or most recent first)			
College:	City and State:		
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:
College:	City and State:		
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:
GED:	City and State:		
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
High School:	City and State:		
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Education continued**

Have you registered for classes for the upcoming semester? Yes  No

If not, what term do you plan to start attending UACCB?  Fall  Spring  Summer I  Summer II Year:

Degree/Major:

What do you plan to obtain at UACCB?  GED  Technical Certificate  Associates Degree  
 Undecided  Certificate of Proficiency  Arkansas Career Readiness Cert  
 Non-degree seeking or completing general education coursework only

Have you applied for Financial Aid (Pell Grant)? Yes  No  If denied Pell, have you APPEALED? Yes  No

List any sources of assistance you will be receiving to help you attend college (WIOA, Arkansas Rehabilitation Services, Single Parent Scholarship, etc.):

Are you in default on a student loan (failed to make required payments) or owe money to another college? Yes  No   
If yes, specify:

How did you hear about Career Pathways?  DHS Counselor  Poster  Radio  
 Friends/Family  Mail  Financial Aid Office  
 Television  Newspaper  Other:

What is your ultimate goal after completing your program? Mark all that apply.

Immediate employment in high demand/high wage career  Self-employed/ Open own business  
 Do not plan to seek immediate employment  Move out of state to seek employment/be with family/friends  
 Join Military  Continue Education -College:  
Program of Study:

**Employment History**

Are you employed now? If so, where?

If employed, what is your job title?

How many jobs have you had in the past 2 years? Of those jobs, what types of work did you do?

What have you liked most about past jobs?

Why did you change jobs?

Is there anything that would have helped you stay employed?

Have you done any volunteer work? If so, what types?

What is keeping you from working now if you are not currently working?

**Military Service**

Branch: From To Rank at Discharge:

## Goals

What are your short and long-term goals?

What is your motivation for going to college?

## Assistance Needed

Childcare    Fuel    Tuition\*    Books\*    Testing fees    Other (uniform, supplies)

\*you must use all of your Pell grant funds first, before CPI will consider paying for tuition & books.

Current childcare arrangements:

Backup childcare plan:

I currently have reliable transportation:    Yes    No

Backup transportation plan:

What are your living arrangements (rent, own, live with parents, etc.)?

Can you use help with the following? (Check all that apply)

How to look for work    Getting work experience    Finding stable housing    Help with drug/alcohol abuse  
 Help with domestic violence problems    Help with emotional problems/depression    Help with stress management  
 Improving parenting skills    Establishing a checking/savings account    Learning to set goals and achieve them  
 Improving study skills    Creating a family budget    Other \_\_\_\_\_

Are there any present financial problems that could affect your ability to stay in school and/or stay employed?

Danger of Eviction    Utility shut-off    Other \_\_\_\_\_

Why should you be approved to participate in CPI?

By signing below, I give full permission to the UACCB CPI staff to review my financial and academic records including, but not limited to, my FAFSA application, test scores, transcripts, and participation with AR Dept. of Human Services and AR Dept. of Workforce Services programs. By signing below, I understand participation in CPI may be revoked at any time due to falsifying information or engaging in inappropriate behavior. I also recognize assistance is limited and not guaranteed.

Signature \_\_\_\_\_

Date \_\_\_\_\_



Arkansas Career Pathways Initiative
University of Arkansas Community College at Batesville

Participation Agreement

As a participant in the Career Pathways Program at UACCB, you are eligible to receive services and benefits that are intended to assist you in furthering your education and increasing your position in the career pathway. We will not discriminate on the basis of gender, race, color, disability, national origin, or age. This is our 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 satisfactory attendance is defined as having a minimum or no absences in each of my classes.
2. I understand that the Career Pathways staff may communicate with my instructors at any time concerning my attendance, my progress, and my grade. It is my responsibility to get my attendance reports signed by my instructor if required.
3. I agree to attend an advisement session with my CPI advisor at the beginning of each semester. It is my responsibility to make an appointment with my CPI advisor if required, every month to discuss progress.
4. I understand that financial services offered by Career Pathways should not be duplicated by another agency including, but not limited to, WIOA, Employment and Training, DHS, or DWS. It is my responsibility to insure that I do not receive financial assistance from more than one agency for the same service during the same time period.
5. I understand that my Pell grant must be exhausted before I can request assistance with tuition and fees or the purchase of books to keep.
6. I understand and agree to abide by the requirements and terms for receiving financial support through the Career Pathways program.
7. I agree to participate in career exploration, financial aid advisement, academic advising, and workshops that are scheduled each semester as advised by my CPI advisor.
8. I understand that if my grade point drops below a 2.0, the services that are offered to me may be discontinued.
9. If my personal and/or academic conduct is deemed inappropriate, I may be dismissed from the CPI program.
10. I was provided a copy of the Career Pathways Orientation.
11. I understand funds are limited and not guaranteed.

If I fail to comply with the above obligations and responsibilities, I understand that I will be dismissed from the Career Pathways program.

Student Name (Please Print)

Student Signature

Date

Staff Signature

Date



AUTHORIZATION TO RELEASE OR OBTAIN INFORMATION FOR THE UACCB 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 each line.

- \_\_\_\_\_ The Department of Health and Human Services and the Division of Child Care and Early Childhood Education (DHHS/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 and Opportunity Act (WIOA) 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 Opportunity 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 \_\_\_\_\_