



Career Pathways Application

Please Print SSN: _____ Date: _____

Name: _____ Maiden Name: _____

Address: _____

City: _____ Zip: _____ County: _____

Home Phone: _____ Alternate Phone: _____ DOB: __/__/__

Email: _____

Race: __Asian __ Black __ Hispanic __ White __ American Indian __ Non-Resident Alien __ Other

Marital Status: __ Single __ Married __ Divorced __ Widowed __ Separated **How many in household?** __

Gender: __ Male __ Female **Are you a single parent?** __ Yes __ No

When do plan to enroll in Career Pathways? Semester _____ **Year** _____

Do you currently receive?
TEA: __ Yes __ No
Are you a former recipient of TEA? __ Yes __ No
Food Stamps: __ Yes __ No
Medicaid (including AR Kids and/or Family Planning): __ Yes __ No
W.I.A.: __ Yes __ No
H.U.D.: __ Yes __ No

Persons in Family Unit	Income
2	\$36,425
3	\$45,775
4	\$55,125
5	\$64,475
6	\$73,825
7	\$83,175
8	\$92,525

Have you ever been convicted of a drug related felony? __ Yes __ No

Do you have a child in the home less than 21 years of age? __ Yes __ No

Have you earned a __ HS Diploma __ GED __ College Certificate or Degree?

Have you ever attended college: __ Yes __ No College Name: _____

What is your immediate goal? __ GED __ Training for Employment __ College Enrollment

Are you currently enrolled at Ozarka? __ Yes __ No

Have you ever applied for a Pell Grant? __ Yes __ No

Please rank the following items from 1 (greatest need) to 3 (least need):

What can CPI help with? __ Tuition __ Childcare __ Gas Card

Are you currently employed? __ Yes __ No Where: _____

How did you hear about our program? _____

I understand that I am making a commitment to Career Pathways, Ozarka College, and myself for the benefits I will be receiving through Career Pathways. My responsibilities to help me accomplish the goals I have set for myself are:

1. Attend scheduled Career Pathways events and meetings.
2. Provide accurate employment information to the Career Pathways staff.
3. Maintain passing grades of C (2.0) or better.
4. Be continuously employed throughout each semester a minimum of one hour per week
5. Provide follow-up information about my employment as requested by Career Pathways upon my graduation or when I leave Ozarka.

I understand that failure to abide by the rules of the Career Pathways Program could result in the loss or reduction of the assistance I am receiving.

Signature below gives full permission to the Career Pathways program at Ozarka College to review my financial and academic records including but not limited to my FAFSA applications, income tax return, test scores, transcripts, and participation with DHS programs. This information will be used to determine my eligibility to participate in Career Pathways. The program may also access pertinent records related to my employment and attendance/graduation. Completing the application process does not commit you to participate in the Career Pathways program nor does it entitle you to services.

Signature: _____ **Date:** _____

Application Process will be finalized following:

1. Completion of required assessments
2. Verification of program eligibility
3. Intake interview with Career Pathways staff (please bring the following with you):
 - Previous year's taxes
 - Driver's License
 - Letter from DHS stating benefits received (if applicable)
 - Letter from WIA stating benefits received (if applicable)
 - Court documents concerning custody of children (if applicable)

Office Use	
Program: _____	Counselor: _____

Ozarka College Arkansas Career Pathways, PO Box 10, 218 College Dr., Melbourne, AR 72556

Phone: 870.368.7371 Toll Free: 1.800.821.4335 Fax: 870.368.2023

careerpathways@ozarka.edu

Ozarka College



I, _____, authorize the following agencies: Arkansas Department of Higher Education, Arkansas Department of Human Services, Arkansas Department of Workforce Services, Arkansas Department Workforce Education, and Arkansas Career Pathways to share pertinent information about me and my children for the process of verifying my eligibility, to track my progress in the Arkansas Career Pathways Initiative, and to track my progress after leaving the Arkansas Career Pathways Initiative.

By signing this form, I also authorize, with prior notification, my name and photograph to be used in newspapers, newsletters, webpage or other public awareness components for the estate agencies listed above or college(s) I attend in conjunction with the Arkansas Career Pathways Initiative.

By signing this form, I also verify that I am a parent/legal guardian, with a child under the age of twenty-one that lives with me in my residence, on a full-time basis.

I understand that this release form can be revoked at any time with a written statement from me.

Student Signature: _____ Date: _____

Please list the names and ages of all children under the age of 21 living in your home:

- 1. _____ Age _____
- 2. _____ Age _____
- 3. _____ Age _____
- 4. _____ Age _____
- 5. _____ Age _____
- 6. _____ Age _____
- 7. _____ Age _____
- 8. _____ Age _____

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Arkansas Career Pathways Funding Agreement

I, _____, agree to all of the following terms set forth by Ozarka College Career Pathways in regard to the funding that I am being provided:

Financial assistance is contingent upon the availability of Career Pathways funds.

- All students must complete a Free Application for Federal Student Aid (FAFSA) prior to receiving financial assistance for Career Pathways. All financial aid (excluding loans) must be applied to the student's account and expended prior to the receipt of Career Pathways funds (excluding book loans).
- A student enrolled in Career Pathways must maintain a minimum GPA of 2.0 to continue their eligibility for financial assistance.
- Students on financial aid suspension are not eligible for financial assistance form Career Pathways.
- Must complete the Career Pathways intake process including all mandatory paperwork, submission of required documentation, and recertification with Career Pathways staff.
- Students must adhere to the Gas Card Policy and Childcare Policy guidelines and Career Pathways and Ozarka College requirements.
- All students are required to follow to the attendance policy of Ozarka College.

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- I understand that I must follow the guidelines, rules, and standards set forth by the specific college credit or non-credit program I am participating in. These may include but are not limited to : regular testing and exams, attendance policies, clinical or internship participation, ect.____(Initial)
 - I understand that I must take and pass all required pre-entry and post-entry screenings in my required program of study which may include but is not limited to the following: physicals, drug-screens, background checks, permit examinations, licensure examinations and /or placement test. ____ (Initial)
 - I understand that if I fail to follow program guidelines or fail to pass any of these screenings that I can be required to participate in an alternate training programs but are not limited to: Employability Courses, Basic Skills Refresher Courses, and Adult Education Courses.____(Initial)

I understand my failure to abide by to the responsibilities of this funding agreement set forth by Career Pathways could result in my dismissal from the Career Pathways program.

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Gas Card Agreement

I, _____, agree to the following terms set forth by Ozarka College Career Pathways for receiving gas card benefits:

- Gas Card benefits will only be provided if a student is **employed at least one hour per week**.
- Employment will be verified through the employer. Pay stubs will be accepted in lieu of the Career Pathways Employment Verification form.
- **Students must submit a receipt showing the purchase of gas using a Career Pathways gas card along with attendance form and work verification.**
- No receipt, no gas card, no exceptions.
- Students must be enrolled in **three-fourths (75%)** of their credit hours on campus in order to be eligible for a gas card.
- Students will be required to turn in attendance verification and employment verification forms to the Career Pathways office on a regular basis throughout the semester. Students who do not turn in forms and receipts will not be considered for future gas cards.

I understand my failure to abide by these responsibilities set forth by Career Pathways could result in loss or reduction of the gas card assistance I am receiving.

Signature: _____ Date: _____

Child Care Agreement

I, _____, agree to all of the following terms set forth by Career Pathways in regard to child care benefits being received:

- A Division Child Care application must be submitted to the Department of Human Services before Career Pathways can assist with child care expenses.
- Children must attend a state-approved child care facility.
- Child care will only be paid for the days in which the student is in classes, according to the campus scheduling.
- Child care will not be paid for any holidays in which classes are not in session such as Spring Break, Thanksgiving, Christmas, etc.
- Child care will not be paid for online classes.
- Students will provide Career Pathways personnel with verification of attendance from instructors.
- Students must be full-time (minimum 12 hours) with three-fourths (75%) of classes on campus.
- Child care benefits will only be provided if a student is employed at least one hour per week.
- Students MUST contact Career Pathways when their child stops attending the child care facility. The student will be responsible for child care expenses incurred after a child stops attending day care. Failure to adhere to Career Pathways policies could result in the reduction or loss of the child care assistance.
- *Students must attend one full week of classes before receiving Career Pathways child care benefits. Child care benefits will be paid during the week of finals.*
- Students will be required to turn in attendance verification and employment verification forms to the Career Pathways office on a regular basis throughout the semester. Students who do not turn in forms will not be considered for future child care benefits.

I understand that my failure to live up to these responsibilities set forth by Career Pathways could result in loss or reduction of the child care assistance I am receiving.

Signature: _____ Date: _____

Career Pathways Initiative
Individual Employment Plan

Name _____ SSN _____

Program/Degree pursuing _____

Address _____

Home Phone _____ Cell Phone _____

Email _____

Name of nearest relative or friend _____ Phone _____

Work Pays

As a TEA client, my case manager has informed me about the Work Pays program. Yes No

I plan to enroll in Work Pays when I become eligible for the program. Yes No

Employment Plans

I am currently working. Yes No Name of Company _____

I am looking for employment Yes No What type of employment? _____

I understand that the Career Pathways Initiative at Ozarka College will follow my progress upon completion of my participation in CPI for at least 12 months. I am aware that follow-up calls and or mailers will be used to follow my progress. I also understand that this information will be kept confidential and will be used for reporting purposes only. Permission is given to contact those stated as contacts including references on my resume.

Student Signature

Date

Name: _____

Career Cluster _____

Action Plan

Action	Results Expected	Planned Completion Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Upon Completion of Degree/Certificate

Please mark all that apply

_____ I plan to continue my education at _____

_____ I am disabled or have current medical restriction from work

_____ I am employed (including self employment and military)

Employer Name _____

Employer City/State _____

_____ I am seeking employment (check this box if you are seeking employment or if all others do not apply).

Ozarka College Career Pathways Service Choice Form

Student Name: _____ Semester: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____ Campus: _____

In an effort to more accurately serves a larger population of Career Pathways students at Ozarka College with expenses related to reaching you educational goals, we ask that you rank the following services in the order that you would most prefer to receive them. This information is requested to help us determine the services that you are eligible for and would benefit you most. (Completing this form does not mean that you will receive the service.)

NOTE: Students must be enrolled in **three-fourths (75%)** of their credit hours on campus in order to be eligible for a gas card.

Please rank the following from 1(greatest need) -3(least need).

___ Gas Card

___ Childcare

___ Tuition

Would you be interested in participating in a book loan program to help defray the costs of your books? ___ Yes

___ No

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