

Arkansas Career Pathways

Your Path To A Brighter Future

What is Career Pathways? The Career Pathways Initiative (CPI) is a grant funded program that assist eligible students with the academic and financial obstacles they may face while going to college. CPI seeks to help modest-income parents gain workplace skills leading to economic self-sufficiency and reduced reliance on public assistance. It seeks to provide employers in key industries in Arkansas with skilled workers. The initiative accomplishes these goals by improving the level of engagement among educators and employers to generate work opportunities for students and serve private sector workforce needs.

To Be Eligible:

You must be a parent or adult caretaker of a child that is under age 21.
This includes custodial and noncustodial parents.

AND

You must receive services under the following programs:
TEA (Transitional Employment Assistance); SNAP (Supplemental Nutrition Assistance Program); Medicaid, or ArKids

OR

If you do not qualify for these programs but have a household income of less than 250 percent of the federal poverty level, you may still qualify for CPI services

SERVICES FOR PROGRAM PARTICIPANTS



Educational Expense Assistance

Tuition
Books
Fees
Course Required Materials
Certification Fees
+ More



Student Support

Childcare
Transportation
Computers/Internet
Success Incentives
+ More



Guidance and Counseling

Mentoring + Career Guidance
Connection to Community Resources
Tutoring + Academic Advising
Work Study Opportunities
Connection to Employers
+ More

Career Pathways Staff and Contact Information

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Career Pathways Application

Please Print

Name: _____ Maiden Name: _____

Mailing Address: _____ Physical: _____

City: _____ ST: _____ Zip: _____ County: _____

Home Phone: _____ Alternate Phone: _____ DOB: ____/____/____

Email: _____

Emergency Contact _____ Phone # _____

Race: _____ Marital Status: *Single Married Divorced Widowed Separated*

Gender: *Male Female* Are you a single parent? *Yes No* Have you earned: HS Diploma____, GED____,

College Certificate____ or Degree____? (List degree(s) earned, if applicable) _____

How did you hear about our program? _____

Are you currently working? *Yes No* Name of Company: _____

Services you are applying for:

☐ Tuition ☐ Childcare ☐ Books/Course Related Supplies ☐ Transportation ☐ Other: _____

** Be sure to complete request forms for each service needed each semester. Notify CPI staff if you do not receive them within 30 days of application.*

WORK PAYS

If you are a former Transitional Employment Assistance (TEA) benefit recipient and your case closed due to you becoming employed, you may be eligible for Work Pays.

Are you a participant in the Work Pays program? Yes No

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 INFORMATION DISCLOSURE AGREEMENT

I understand that Career Pathways Initiative at Ozarka College will follow my progress upon completion of my participation in CPI for at least 6 months. I am informed that follow-up calls, emails, 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 to the Department of Workforce Services. Permission is given to contact those stated as contacts, including employers and references on my resume.

Student's Signature

Date

Release and Disclosure

I understand that I am making a commitment to Career Pathways, Ozarka College, and myself. My responsibilities as a Career Pathways student include:

2. Provide accurate attendance information to the Career Pathways staff on a monthly basis.
3. Maintain passing grades of C (2.0) or better.
5. Upon completion of a certificate or degree program at Ozarka College, obtain gainful employment or transfer to another college to earn a higher degree.
6. 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 me to participate in the Career Pathways program nor does it entitle me to services.

I authorize the following agencies: Ozarka College, 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 agencies listed above or college(s) I attend in conjunction with the Arkansas Career Pathways Initiative.

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

Student's Signature

Date

Student Release Authorization

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:

INITIAL THE FOLLOWING:

- _____ 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 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

Date

Funding Agreement

I agree to all of the following terms set forth by Ozarka College Career Pathways in regard to the benefits 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.
- 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, etc.

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.

Student's Signature

Date

Arkansas Career Pathways Initiative Employability Contract

I understand by signing below that in order to participate with Career Pathways Funded Services, employment must be my goal. I further have been told and fully understand the following:

- I represent Career Pathways and will present myself accordingly by putting my best face forward, treating every encounter with Ozarka College Staff, Faculty, and my community with the highest regard. *I understand that building good relationships and quality networks are key to academic success and vital to obtaining and maintaining employment.*
- At my request, Career Pathways will assist me with my resume, interviewing skills, and job search during and after completion of my program of study.
- Career Pathways will track my accomplishments for at least 6 months after completion of a certificate or degree at Ozarka College.
- **I will inform Career Pathways on any updates to my contact information as well as any career changes. I will respond to Career Pathways when or if they try to contact me.**

Student's Signature

Date

Career Pathways DWS/DHS/TEA Program Referral
& Handbook Form

As part of the enrollment process of Career Pathways at Ozarka College, I have received information regarding services offered through the Department of Workforces Services (DWS) and Department of Human Services (DHS), including the Childcare and TEA Program that I may be eligible to participate in. I have been referred to them for additional services that may be beneficial to me and given contact information regarding offices nearest me.

I also have received a Career Pathways Handbook. I understand that it is my responsibility to read the handbook and be familiar with the policies of Career Pathways. I agree to follow the policies in place.

Student Signature

Date

Career Pathways Staff Member

Date

Arkansas Career Pathways Initiative

Individual Career Plan

(ICP)

Current place of employment: _____

Where do you see yourself working in the future: _____

What steps will you take to achieve this goal?

1. _____
2. _____
3. _____

Check the services below in which you would like assistance:

- ☐ Resume Assistance
- ☐ Job Search
- ☐ Degree Plan
- ☐ Career Interest Assessment

Additional Comments: _____

Commitment

It is agreed that the Individual Career Plan reflects the best interests and objectives set forth by the student. Career Pathways will commit to helping this student achieve their educational and employment objectives.

Student's Signature

Date