

Please read and complete entire application.**Application must be completed in blue or black ink.****Social Security Number:**

Last Name: _____ First Name: _____ Maiden Name: _____

Street Address or PO Box: _____

City: _____ County: _____ State: _____ Zip Code: _____

Telephone Number: _____ Cell Phone Number: _____

Emergency Contact Number: _____ Message Number: _____

Date of Birth: _____ Gender: M F US Citizen: Yes No **OR** Legally Admitted Alien: Yes NoMarital Status: _____ Number of Children **under** age 21: _____ Children's Ages: _____

E-Mail Address: _____

Race: _____ **Education: (Check all that apply)** _____ **How did you hear about Career Pathways?** _____

<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> High School Graduate	<input type="checkbox"/> DHHS Counselor
<input type="checkbox"/> Black (Non-Hispanic Origin)	<input type="checkbox"/> GED Completer	<input type="checkbox"/> Poster
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Enrolled in GED	<input type="checkbox"/> Mail
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> ESL Completer	<input type="checkbox"/> Radio
<input type="checkbox"/> White (Non-Hispanic Origin)	<input type="checkbox"/> Enrolled in WAGE	<input type="checkbox"/> Television
<input type="checkbox"/> Non-Resident Alien	<input type="checkbox"/> College Graduate	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Unknown		<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 possess: _____

What is your major/program? _____

Employment: Full-Time Name of Employer: _____ Part-Time Time with Employer: _____ Unemployed Average number of Hours per Week: _____ Other Wages per Hour: _____ or Annual Salary: _____ Seasonal Job Title: _____**Do you receive? (Check All that apply)** **Financial Aid: (Answer all)** Food Stamps Do you receive any of the following: Medicaid (includes ArKids) PELL (FASFA): Yes No Current TEA Student Loans: Yes No Former TEA Other Financial Aid: Yes No If yes, specify WorkPays Are you in default on a Yes No Other - Specify: _____ Student Loan?

Do you owe any college or Yes No

school a past bill?

Have you ever been convicted of a felony? Yes No

If YES, was it connected with distribution or manufacture of a controlled substance?

If you are Male, have you registered with Selective Service? Yes No

I certify that the information provided on this application is true and complete to the best of my knowledge. I

allow the Educational Institution I am attending and the Department of Higher Education to use the information

I have provided to execute statistical research.

Signature of Applicant: _____ Date: _____