UAEACC

Career Pathways Initiative

Required Documenst Checklist

√	**Application**
	Application
	Program Consent, Promotional Release, Children Discloser - ***This form MUST BE SIGNED in person.***
	Signed Authorization to Release/Obtain Information
√	**Self**
	Social Security Card
	Valid Arkansas Driver's License/ID - ***Proof of address required, if the address on DL/ID does not match with the address on the application.***
	DHS Verification of Benefits, WIC, SSI, SSD, HUD-Section 8 Public Housing (any 1 if DHS benefits do not apply)
	Signed Current Federal Income Tax or IRS transcript (must show 'total' income not adjusted gross) or Notarized document of non-filing income tax
	Proof Completed FAFSA Application (Pell)
	Transcripts (Most current)
	Placement Scores (ACT, Accuplacer, etc.)
√	**Child(ren)**
	Birth Certificate
	ArKids/Medicaid Card (if apply)

NOTE: All of the required documents must be submitted at application.

NOTE: All applicants must be willing to go to work upon completion of educational training

Arkansas Career Pathways

APPLICATION

Last Name	First Name	Middle Initial	Maiden Name
Street Address		Mailing Address (if different)	
City:	State: Arkansas	ZIP Code:	County:
Mobile Number -- --	Main/Personal E-mail Address	DOB: -- --	SSN: -- --
Gender: (circle) Male Female	Emergency Contact Name:	Emergency Contact Phone: --	
Marital Status: (circle) Single Married	Custodial Parent? (circle) YES NO	Have you ever been in Career Pathways? (circle) YES NO	
Are you a citizen of the United States? (circle) YES NO	If no, are you a permanent resident or otherwise eligible to complete Form I9? (circle) YES NO		
Number of Children under age 21: _____	Number of individuals in Household: _____		

ETHNICITY (check all that apply)	EDUCATION (check all that apply)	HOW DID YOU HEAR ABOUT CAREER PATHWAYS?	
☐ Asian/Pacific Islander	☐ Adult Education (GED) Graduate	☐ Workforce Services	☐ Friends/Family
☐ American Indian/Alaska Native	☐ High School Graduate	☐ Human Services	☐ Classmate
☐ Black/African American	☐ Technical/Vocational School Graduate	☐ Health Department	☐ Coworker
☐ Hispanic or Latino	☐ Two-year College Graduate	☐ ARPathways.com	☐ Mail
☐ White	☐ College/University Graduate	☐ Poster/Flyer	☐ Social Media
☐ Other_____	☐ Other_____	☐ Other_____	☐ On Campus Referral

List ANY College(s) attended: _____

List any previous certificates/degrees earned: _____

College Hours Earned (estimate): _____

What is your desired major or training program? _____

Once you complete your program of study, do you plan to work in that field? (circle) YES NO

CURRENT EMPLOYMENT:

☐ Full-Time
☐ Part-Time
☐ Unemployed
☐ Self-Employed

Employer Name: _____

Average hours worked per Week: _____

Hourly Wage: _____ Annual Salary: _____

Job Title: _____

Supervisor: _____ Phone Number: _____

DO YOU/CHILD RECEIVE? (Check all that apply)		AID/SUPPORT:	
☐ CHIP	☐ SSI	☐ PELL (FASFA)	☐ WORKFORCE INVESTMENT OPPORTUNITY ACT (WIOA):
☐ HUD Public Housing	☐ TEA-Current	☐ AR FUTURE GRANT	☐ AR Rehabilitation Services
☐ Medicaid	☐ TEA-Former	☐ OTHER FINANCIAL AID/Scholarships _____	
☐ SNAP	☐ WIC	**Are you in default on a Student Loan? (circle)** YES NO	
☐ SSD		**Do you owe another college or school a past bill? (circle)** YES NO	

I certify that the information provided on this application is true and complete to the best of my knowledge. By signing this authorization, I am allowing my Educational Institution and the Department of Higher Education to use the information I have identified to execute statistical research.

Signature: _____ **Date:** _____ **Student ID (if applicable):** _____

Staff use: Eligibility: Less than 100% FPL_____Between 100% - 250% FPL_____ DHS: _____

DHS | Temporary Assistance for Needy Families (TANF)

ELIGIBILITY FORM FOR TANF FUNDED SERVICES

(For use by the Arkansas Career Pathways Initiative: Initiative #1)

SECTION I: IDENTIFYING INFORMATION

APPLICANT NAME:		ADDRESS:		TELEPHONE:
CITY:	STATE:	ZIP CODE:	SSN:	DATE OF BIRTH:

SECTION II: ELIGIBILITY INFORMATION (*Check those areas that apply*)

☐ **STEP 1: Categorical Eligibility** (*Check those areas that apply*)

- ☐ Transitional Employment Assistance (TEA)
- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ Medicaid or Chip (Including ARKids),
- ☐ Supplemental Security Income (SSI) or Supplemental Security Disability (SSD)
- ☐ Woman, Infant & Children (WIC)
- ☐ Housing and Urban Development (HUD), Section 8 or Public Housing

If the applicant indicates that they receive any of the assistance listed above, a letter of eligibility or other official documentation should accompany this form to verify the receipt of one or more of these services.)

If checked, the applicant is eligible for TANF-funded services. Complete Steps 2 and 4.
If not checked, complete Step 2 AND Step 3 to verify eligibility and parental status using income.

☐ **STEP 2: Family Definitions**

The must be one of the following:

- A parent or relative with custody or legal responsibility for one or more minor children
- A pregnant woman
- A noncustodial parent

Child: a dependent person under 21 who has never married or whose marriage was annulled.

Parent: includes a mother, father, adoptive mother, adoptive father, step-father and step-mother.

Noncustodial Parent: the parent is not in the household of the child (see definition of child above). Both the noncustodial parent and the child must live in the State of Arkansas.

Blood Relative: including those of half-blood, within the relationship of siblings, first cousins, nephews, nieces, aunts, uncles and individuals of preceding generations as denoted by prefixes of grand, great, great-great, etc. This group includes relatives within the fifth degree of kinship to the dependent child; therefore, this includes first cousins once removed, but not the second cousins.

☐ **STEP 3: Income Eligibility**

The household income is less than 250% of the federal poverty level (*See the income chart and complete Financial Eligibility Section*).
If Step 1 OR 3, AND 2 are not checked, STOP. The applicant is NOT eligible for TANF-funded services.
If Step 1 OR 3 AND 2 are checked, go to Step IV.

☐ **STEP 4: Citizenship Eligibility**

TANF-funded services are for the benefit one who is:

- ☐ A citizen of the United States; or
- ☐ A non-citizen who meets the TANF-eligible citizen criteria.

(*If neither box is checked, the applicant is NOT eligible for TANF funded services or programs.*)

If Step 1 OR Step 3 AND Step 2 AND 4 above are checked, the appliant is eligible for TANF-funded services.
Go to Section III.

WORKSHEET ON FAMILY INCOME - ELIGIBILITY FOR TANF-FUNDED SERVICES

2025 Poverty Guidelines 250% of the Federal Poverty Level		
Family Size	**Annual Income**	**Monthly Income**
1	$39,125	$3,260
2	$52,875	$4,406
3	$66,625	$5,552
4	$80,375	$6,698
5	$94,125	$7,844
6	$107,875	$8,990
7	$121,625	$10,135
8	$135,375	$11,281
*9+		

*If Family Size is over 8, add $13,750 per additional family member.

FINANCIAL ELIGIBILITY (to be completed by CPI staff)

1. Family size: _____ (number of adults and minor children who are related to each other.)

   Household Members: List all the people who live in your home, including yourself. If needed, attach a sheet of paper listing additional members.

Social Security Number	Full Name (First, middle, and last)	Birthdate	Relationship to you

2. The total household earned income is $ _____ per (week, month or year) _____.
   (This is money earned from employment and is the amount before taxes.)

3. Convert to a monthly amount (divide yearly amount by 12) and list the household total monthly income:
   $ _____

4. Is this amount **less than 250%** of the federal poverty level on the above chart? ☐ YES ☐ NO

   If YES, the applicant is eligible for TANF-funded services. If NO, the applicant is not eligible for TANF funded services based on earned income unless receiving services listed in Step 1.

SECTION III: DETERMINATION OF NEED (*TANF Service Goal*)

Depending on the purpose served, program, benefit or service, the family's income level may have to be determined. Although TANF purposes number #3 and #4 do not require a determination of "needy", the State may restrict benefits and services to individuals and families below a certain income.

The services being provided are designed to:

1. To provide assistance to **needy families** so that the child or children may be cared for in their own home or the home of relatives.
2. To **end the dependence of needy parents** on government assistance by promoting job preparation, work or marriage.
3. Prevent or reduce the incidence of **out-of-wedlock pregnancies** and establish annual numerical goals for preventing and reducing these pregnancies.
4. Encourage the formation and maintenance of **two-parent families**.

DETERMINATION OF NEED (*Continued*)

A. What TANF purpose does the program, benefit or service accomplish? ☐1 ☐ 2 ☐ 3☐ 4

B. Does eligibility have income requirements? ☐ Yes ☐ No
Note: If TANF purpose number 2 were selected above, the answer is "Yes."

C. If "Yes," does the family meet income eligibility requirements? ☐ Yes ☐ No

If income is strictly based on Arkansas' definition of "needy":

- Does the family receive Temporary Cash Assistance, relative caregiver program payments, food stamps or are the children in the family eligible for Medicaid? ☐ Yes ☐ No
- Is the family's total income less than 250% of the Federal Poverty Level based on household size? ☐ Yes ☐ No Number of household members _____

If income is based on reporting instructions, local operating procedures or guidance, please review the appropriate materials for income eligibility determination.

SECTION IV: CERTIFICATION OF ELIGIBILITY CRITERIA

This is a certification that the information provided on this form is true and correct to the best of the knowledge of those individuals whose signatures are affixed. If the information changes, notification will be provided to program staff of the new information.

The provider is to review the following statements with the program applicant/participant.

☐ **Income based or means tested benefits require "family eligibility."**
I understand that a family member may be designated as a non-applicant, and his/her information regarding citizenship or qualified non-citizenship status will not be required. I understand that my benefits or services will not be delayed if information regarding the non-applicant's citizenship status is not provided.

☐ **Privacy Statement**
I understand that I am required by law to provide my social security number(s) or proof that I have applied for a social security number if I do not currently have one to receive TANF funded benefits/services. This is mandatory under Social Security Act ((42 U.S.C. 1137). If I do not have a social security number and have not applied for a social security number, I can request help with filing an application. The social security number is used to administer the program, including determining eligibility, attributing the receipt of services, correspondence and participation to my case, as well as for reporting purposes.

☐ *If I do not have a Social Security Number and do not know how to apply for one, I understand that I can request help from the program provider identified below. The designated person will refer me to the appropriate agency and may provide other help as needed and requested.*

☐ *I understand that my Social Security Number will be used to associate all records to my identification, including program participation and the receipt of services and benefits.*

I _____ certify, to the best of my knowledge, the above information in this form is true, including income and citizenship/qualified non-citizenship information.

APPLICANT NAME: (Print Name)	SSN:		DATE:
APPLICANT SIGNATURE:		PHONE NUMBER:	
STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
SERVICE PROVIDER (CPI): Print Name	SERVICE PROVIDER: Signature		DATE:
Based on the information provided, the APPLICANT is ☐ eligible OR ☐ is not eligible for TANF-funded services This worksheet will be placed in the student file for compliance purposes.			

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: **(Initial by Each)**

_____ 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 Opportunity 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 Innovation and 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.

Child_____ Date of Birth_____ Social Security #_____

Child_____ Date of Birth_____ Social Security#_____

Child_____ Date of Birth_____ Social Security #_____

(Families with more than three children use attached page.)

_____ _____

Student Signature Print Name

_____

Date

Child_____ Date of Birth_____ Social Security #_____

Child_____ Date of Birth_____ Social Security #_____

Child_____ Date of Birth_____ Social Security #_____

Child_____ Date of Birth_____ Social Security #_____

Child_____ Date of Birth_____ Social Security #_____

Arkansas Career Pathways

Student Agreement

This agreement outlines the responsibilities and expectations of a student in the Career Pathways program. Additional policies and procedures related to what is outlined below can be found in the CPI Student Handbook.

- I will maintain eligibility requirements. I will notify CPI of any address changes, enrollment status changes, dependent's status, or other eligibility requirements within 30 days of the change.
- I will comply with all required office visits, attendance verification, workshops, monitoring and work verification as outlined in the CPI Student Handbook, including agreeing to a case management plan. I will also comply with all requirements of the college student handbook.
- I will maintain good academic standing as defined by the CPI Student Handbook, including a 2.0 GPA. If my grades fall below 2.0 GPA, I understand that I may be placed on CPI probation which may affect the level of financial support I receive.
- I will follow the chosen degree path as decided in my case management plan. Any changes from that path must be approved prior to continued CPI assistance.
- I will use resources and assistance provided in a responsible and respectful manner and in accordance with federal program guidelines.
- I understand that the goal of CPI is for me to go to work upon graduation.
- I agree to a variety of communication methods including email, phone call and text.
- I authorize CPI staff to contact my employer for documentation of work as needed.

This agreement is valid from the date signed to date of withdrawal from the CPI program and until employment tracking requirements are complete. Either party may terminate participation in the program with written notice. Grounds for termination may include but are not limited to failure to meet program expectations, code of conduct issues, or funding constraints.

By signing below, I acknowledge that I have read, understand and agree to the terms outlined in the agreement and have been given a copy of the CPI Student Handbook.

Signature	Printed Name	Date

Release Form

I, _____, hereby agree and consent to allow the Arkansas Department of Education (ADE), and anyone authorized by ADE, to use the name, school district, and hometown and to reproduce, edit, alter, or publish photographs, audio, and video recordings of my child, children, or myself and their/my work products ("my/child's information") without payment or any other consideration.

I understand that the ADE owns a copyright and all other media distribution rights for any publication in which my/child's information appears and may exclusively use this in any manner, in whole or in part, including print, broadcast, digital media, or online. I understand that publications containing my/child's information will become property of ADE and will not be returned.

Furthermore, I, on behalf of myself, my child or children, and any person acting on our behalf, herby consent and agree to release any and all claims or causes of action against ADE and any of its associates, employees, or agents associated with the release of my/child's information that is in the possession or control of ADE and is used or released as part of the normal course of business of the ADE.

_____ _____

Parent's Name or Adult (Please print.)

Child's Name or
Children's Names (Please print.)

_____

Signature of Parent or Adult (Please sign in cursive.)

_____

Date

EACC | East Arkansas COMMUNITY COLLEGE

CPI ARKANSAS Career Pathways Initiative

CAREER PATHWAYS INITIATIVE
Verification of Referral

I, _____, understand that I meet the specified low-income eligibility standards (at or below 100% of the Federal Poverty Level) and I am being referred by East Arkansas Community College/Career Pathways to other office/state agency. I will learn if I may qualify for additional services/benefits.

Student's Signature	Date
Career Pathways Staff's Signature	Date

Department of Workforce Services			
Counties Served: Cross, Lee, Monroe, and St. Francis	**Counties Served:** Phillips and Prairie	**Counties Served:** Woodruff	**Counties Served:** Crittenden
Street Address: 300 Eldridge Road, Suite 2 Forrest City, AR 72335	**Street Address:** 819 Newman Drive Helena, AR 72342	**Street Address:** 7648 Victory Blvd., Suite B Newport, AR 72112	**Street Address:** ASU-Mid-South 2003 W. Broadway W. Memphis, AR 72301
Telephone Number: (870) 633 - 2900	**Telephone Number:** (870) 338 - 7415	**Telephone Number:** (870) 523 - 3641	**Telephone Number:** (870) 400-2269

Department of Human Services	
Crittenden County	401 S. College Blvd., W. Memphis, AR 72301; (870) 732-5170
Cross County	803 HWY 64 East, Wynne, AR 72396; (870) 238-8553
Lee County	772 W. Chestnut St., Marianna, AR 72360; (870) 295-2597
Monroe County	600 N 11th St., Clarendon, AR 72029; (870) 747-3329 301 ½ N. New Orleans, Brinkley, AR 72021; (870) 734-1445
Phillips County	104 D'Anna Place, Helena, AR 72342; (870) 816-3200
St. Francis County	1200 E. Broadway, Forrest City, AR 72335; (870) 633-1242

Workforce Innovation Opportunity Act (WIOA)
St. Francis County: 300 Eldridge Road, Forrest City, AR 72335 Telephone Number: (870) 261 – 6400

NOTE: _____

_____

Photo/Story/Video Release Form

I hereby grant the Arkansas Department of Human Services and/or the Temporary Assistance for Needy Families Program (TANF) permission to use my likeness in a photograph, written story, or video in any and all of its publications, including Web site entries, without payment or any other consideration.

I understand and agree that these materials will become the property of the Arkansas Department of Human Services and/or the Temporary Assistance for Needy Families Program and will not be returned.

I hereby irrevocably authorize the above named agency(s) to edit, alter, copy, exhibit, publish or distribute this photo, story, or video for purposes of publicizing the Arkansas Department of Human Services and/or the Temporary Assistance for Needy Families Program, or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness or story appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph, story, and/or video.

I hereby hold harmless and release and forever discharge the Arkansas Department of Human Services and/or the Temporary Assistance for Needy Families Program from all claims, demands and causes of action that I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have, or may have, by reason of this authorization.

I am 21 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

(Typed Name of Participant)	(Signature of Participant / Date)
Veronica Boyd (Typed Name of Case Manager)	Veronica D. Boyd (Signature of Case Manager / Date)
Daniel J Shaull (Typed Name of Local Office Manager)	D J Shaull (Signature of Local Office Manager / Date)
UAEACC Career Pathways (Typed Name of Local Office)	(Participant's County)

If the participant signing is under age 21, there must be consent by a parent or guardian, as follows:
I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Typed Name of Parent/Guardian)	(Signature of Parent/Guardian / Date)

TANF Funded Initiative Programs

Organization / Agency: UAEACC Career Pathways

Typed Name of Contact: Daniel J Shaull Signature: D J Shaull

Geographic Area: East Arkansas

For example: Counties where TANF Funds successfully assisted the Program Initiative)

DHS | Temporary Assistance for Needy Families (TANF)

FOR CENTRAL OFFICE USE ONLY

Date Received:

Filed By:

What I Don't Like About My Life

NAME: _____

Instructions: Check all the things you do not like about your life now.

- ☐ Where I live now
- ☐ What I can't buy for myself
- ☐ What I can't buy for my children
- ☐ Not having a car
- ☐ The car I have now
- ☐ Having to use public assistance
- ☐ Having others controlling my life
- ☐ Depending on friends and relatives
- ☐ Where I have to shop
- ☐ Not being able to take a nice vacation
- ☐ Not being able to help people who have helped me
- ☐ Other: _____

Of the items listed above, which do you like least about your life now?

_____

_____

_____

_____

What I Want in My Life

NAME: _____

Instructions: Check all the goals you want for yourself.

- ☐ A better place to live
- ☐ Buy things for myself
- ☐ Buy things for my children
- ☐ Get a car
- ☐ Spend my money the way I want to
- ☐ More independence from friends and relatives
- ☐ Take a trip for myself
- ☐ Take my children on a nice vacation
- ☐ Be free of public assistance
- ☐ Help some of the people who have helped me
- ☐ Other: _____

_____

_____

Of the items listed above, which goals are most important to you?

_____

_____

_____

My Strengths

NAME: _____

Instructions: Check all the strengths you have for making change.

- ☐ I have worked before.
- ☐ I am doing, or have done, volunteer work at school, church, or in my community.
- ☐ I am now helping, or have helped, friends, family, and neighbors.
- ☐ I have someone to watch my children while I look for work.
- ☐ I have a stable place to live.
- ☐ I finished high school or my GED.
- ☐ I am enrolled in school or training.
- ☐ I am in good health.
- ☐ My children are in good health.
- ☐ I know people who could help me find work.
- ☐ When faced with a problem, I can usually find ways to solve it.
- ☐ I have overcome difficult personal problems.
- ☐ I have good references from past jobs or people in my community.
- ☐ My family and friends will encourage me.
- ☐ My boyfriend/girlfriend/spouse is supportive of my goals.
- ☐ I have set goals for myself and my family.
- ☐ I do something to work on my goals every day.

My Best Strengths:

_____

_____

_____

_____

_____

_____

Problems I Have to Solve

NAME: _____

Instructions: Check all the problems you have to solve to work on your goals.

- ☐ Drug or alcohol problems
- ☐ An abusive or unsafe situation
- ☐ Unstable housing
- ☐ Depression or emotional problems
- ☐ Lack of work experience
- ☐ Bad work record
- ☐ Fear of partner or household member
- ☐ Other:

_____

_____

_____

- ☐ Health problems
- ☐ Childcare
- ☐ Transportation
- ☐ Trouble with reading or math
- ☐ Lack of education
- ☐ Criminal record or other legal problems

What are the top three problems you will need to solve to work on your goals?

1. _____
2. _____
3. _____

Help I May Need

NAME: _____

Instructions: Check all the areas where you have help to work on your goals. Then list people you know who could help with each issue.

Who Can Help Me

- ❑ Childcare assistance _____
- ❑ Transportation assistance _____
- ❑ How to look for work _____
- ❑ Education and/or training _____
- ❑ Getting child support _____
- ❑ Help with drug or alcohol abuse _____
- ❑ Help to leave an abusive situation _____
- ❑ Help with stable housing _____
- ❑ Encouragement _____
- ❑ Help with my children's problems _____
- ❑ Help dealing with emotional problems _____
- ❑ Other help: _____

_____

In what areas will you need the most help to achieve your goals?

_____

_____

_____

My Success Story

NAME: _____

Instructions: Describe a success you have had in your life. It can be big or small. You can tell about a problem you solved, something you started even if you did not finish it, something you accomplished for your children or family, or anything else that makes you proud.

What I did to make this success happen:

ARKANSAS Career Pathways Initiative

EACC East Arkansas COMMUNITY COLLEGE

NAME: _____

Resources Available to me for the Following; Place N/A if does not apply to you:

Tuition/Fees:

Transportation: (including vehicle to get to class and/or work, gas, etc)

Childcare:

School Related Supplies: (in general and program specific)

Books:

Examples of Resources: Pell (financial aid), Scholarships, Aunt Rosie, Cousin Timmy, etc.

ARKANSAS Career Pathways Initiative

EACC East Arkansas COMMUNITY COLLEGE

NAME: _____

Explain how Career Pathways can Assist you, please be as detailed as possible:

UAEACC

1700 Newcastle Road

Forrest City, AR 72335

870-633-4480

Student ID#: _____

Students Name: _____

Students Address: _____

I hearby authorize UA EAST ARKANSAS COMMUNITY COLLEGE (UAEACC) to electronically credit my account (and, if necessary, electronically debit my account to correct erroneous credits) as follows:

Account Type: (please circle one)

Checking Savings

I acknowledge that the origination of the ACH transactions to my account must comply with the provisions of all applicable laws.

Name of Financial Institution: _____

City: _____ State, Zip _____

Routing Number: _____ Account Number: _____

Name(s) on the account: _____

This authorization is to remain in full force and effect until I notify UAEACC in writing that I wish to revoke this authorization. I understand that UAEACC requires at least 2 weeks prior notice in order to cancel this authorization.

Information completed and submitted by:

Name: _____ Signature: _____

Email Address: _____ Phone #: _____

ATTACH A VOIDED CHECK OR DEPOSIT SLIP