



SEARK College Career Pathways Program Questionnaire 1900 Hazel Street, Pine Bluff, AR, 71603 ♦ (870) 850-4823 or (870) 543-5969

Please fill out this form and bring it with you to your one-on-one appointment

Name:	Date:
Studer	nt ID Number: Phone:
Semes	ter for which you are requesting assistance:
Please	check one: I am a new student to Career Pathways.
	I am a current student with Career Pathways. I am a returning student to Career Pathways.
1.	What is your major at SEARK College?
2.	Have you been accepted into a Nursing/Allied Health program? Yes or No
3.	If so, which one? Estimated graduation date (specify month and year):
4.	Have you applied for a Pell Grant? Yes or No
5.	Will you receive a Pell Grant for this coming semester? Yes or No
6.	If not, explain why not Prioritize your assistance needs 1, 2, 3 and 4 with 1 being highest. A. Tuition B. Childcare C. Gas D. Books
7.	Number of children requiring daycare, their agesand number of days per week daycare is needed (according to your college schedule)Name of Childcare Facility
8.	Estimated amount needed for books (Please go to SEARK.edu and click on the B&N College link. Then click on Find Textbooks to put in our course name and section number from your schedule. You can print this page as your booklist)
9.	Amount needed for tuition/fees (Consult your student planning finance page, or use the tuition calculator on the SEARK website, www.seark.edu.)

Please note that if this form is not filled out completely, we will assume that you do not need assistance in that area.