



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

Social Security Number:		Student ID Number:	
Last Name:		First Name:	Maiden Name:
Street Address or PO Box:			
City:	County:	State:	Zip Code:
Telephone Number:		Cell Phone Number:	
Emergency Contact Name:		Emergency Contact Number:	
Date of Birth:	Gender: M F	US Citizen: Yes No	OR Legally Admitted Alien: Yes No
Marital Status:	Number of Children under age 21:	Children's Ages:	
E-Mail Address:			
Race:	Education: (Check all that apply)	How did you hear about Pathways?	
<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black (Non-Hispanic Origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> White (Non-Hispanic Origin) <input type="checkbox"/> Other	<input type="checkbox"/> High School Graduate <input type="checkbox"/> Completed GED <input type="checkbox"/> College Graduate <input type="checkbox"/> Currently attending GED <input type="checkbox"/> Currently attending College <input type="checkbox"/> Attended College in the Past	<input type="checkbox"/> DHHS Counselor <input type="checkbox"/> DWS Case Manager <input type="checkbox"/> Radio, TV, Newspaper Ad <input type="checkbox"/> Employer <input type="checkbox"/> Friends/Family <input type="checkbox"/> College Employee <input type="checkbox"/> Career Pathways Student Name of Student/Employee Below: _____	
List any colleges you have attended in the past or are currently attending:			
Number of hours at previous colleges:	List any certificates or degrees you have already:		
What are you studying at SEARK?			
Employment:			
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed	Name of Employer: _____ Supervisor & Work Number : _____ Hourly Salary _____ or Annual Salary _____ Job Title _____ Start Date: _____		
Do you receive? (Check All that apply)	Financial Aid: (Indicate all that apply)		
<input type="checkbox"/> Food Stamps <input type="checkbox"/> Medicaid (includes ArKids) <input type="checkbox"/> Current TEA <input type="checkbox"/> Current WorkPays <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Other - Specify: _____	Do you receive: PELL Grant: Yes No Student Loans Yes No Other Financial Aid: Yes No If yes, specify _____ Are you in default on a Student Loan? Yes No Do you owe money to any other college or school? Yes No		
Have you ever been convicted of a felony? Yes No			
If YES, was it related to the distribution or manufacture of a controlled substance?			
By signing this application, I certify that the information provided on this application is true and complete to the best of my knowledge. I also authorize Career Pathways and the Department of Education to use the information provided to execute statistical research. I give full permission for staff at SEARK to review my financial aid and academic records, income tax returns, academic test scores, DHHS, DWS, or other public program information, and verify my employment. I understand that this information will be used to determine my eligibility for the Career Pathways Program.			
Signature of Applicant:			Date: