



ASU-Newport Career Pathways Initiative

Participant Application

ASUN Campus Location _____

TEA _____

Applicant Information				
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Last Name:	First:	M.I.:	Maiden:	DOB:
Physical Address:			Apartment/Unit #:	
City:		State:	Zip:	
Mailing Address:			Apartment/Unit #:	
City:		State:	Zip:	
Cell Phone:	Home Phone:		County:	
Social Security #:		Alternate Phone Number:		
Emergency Contact:		Emergency Contact Number :		
School Email:		Personal Email:		
Number of Children Living in the Home:		Children's Ages:		
Race: <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black (Non-Hispanic Origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> White (Non-Hispanic Origin) <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Other	Gender: Male Female Prefer Not To Respond	Marital Status: Single Married Divorced Legally Separated	Citizenship: U.S. Citizen Resident Alien Non-citizen Country of Citizenship: _____	
Have you ever been convicted of a felony? Yes No				
If yes, was it in connection with distributing or manufacture of a controlled substance? Yes No				

Education			
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High School:		City and State:	
From	To	Did you graduate? No Yes	
GED:		City and State:	
From	To	Did you graduate? No Yes	
College:		City and State:	
From	To	Did you graduate? No Yes	Degree:
College:		City and State:	
From	To	Did you graduate? No Yes	Degree:

Education			
Are you currently enrolled in classes? No Yes		If so, where?	
What term do you plan to start attending ASUN? Year _____ Fall Spring Summer I Summer II			
Program/Major:		Current GPA:	
What do you plan to obtain at ASUN? <input type="checkbox"/> GED <input type="checkbox"/> Technical Certificate <input type="checkbox"/> Associates Degree <input type="checkbox"/> Undecided <input type="checkbox"/> Certificate of Proficiency <input type="checkbox"/> Arkansas Career Readiness Cert <input type="checkbox"/> Non-degree seeking or completing general education coursework only			
Anticipated graduation: Year _____		Have you applied for Financial Aid (Pell Grant)? No Yes	
Fall Spring Summer I Summer II			
List any sources of assistance you will be receiving to help you attend college (WIA, Arkansas Rehabilitative Services, Single Parent Scholarship, etc.):			
Are you in default on a student loan or owe money to another college? No Yes If yes, specify:			
How did you hear about Career Pathways? <input type="checkbox"/> DHS Counselor <input type="checkbox"/> Poster <input type="checkbox"/> Radio <input type="checkbox"/> Friends/Family <input type="checkbox"/> Mail <input type="checkbox"/> Financial Aid Office <input type="checkbox"/> Television <input type="checkbox"/> Newspaper <input type="checkbox"/> Other:			
Have you ever enrolled in Career Pathways before? No Yes Where?			
What is your ultimate goal after completing your program? Mark all that apply. <input type="checkbox"/> Immediate employment in high demand/high wage career <input type="checkbox"/> Self-employed/ Open own business <input type="checkbox"/> Do not plan to seek immediate employment <input type="checkbox"/> Move out of state to seek employment/ be with family/friends <input type="checkbox"/> Join Military <input type="checkbox"/> Continue Education College: Program of Study:			

Employment History			
Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary \$	Ending Salary \$	Average Hours/Week:
Responsibilities/Duties:			
From	To	Reason for Leaving:	
May we contact your previous supervisor for a reference? Yes No			

Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary \$	Ending Salary \$	Average Hours/Week
Responsibilities/Duties:			
From	To	Reason for Leaving:	
May we contact your previous supervisor for a reference? Yes No			

Employment History, continued			
Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary \$	Ending Salary \$	Average Hours/Week
Responsibilities/Duties:			
From	To	Reason for Leaving:	
May we contact your previous supervisor for a reference? Yes No			

Military Service	
Branch:	From To
Rank at Discharge:	Type of Discharge:
If other than honorable, explain	

References	
<i>Please list three professional references.</i>	
Full Name:	Relationship:
Company/Organization:	Phone:
Address:	

Full Name:	Relationship:
Company/Organization:	Phone:
Address:	

Full Name:	Relationship:
Company/Organization:	Phone:
Address:	

By signing below I give full permission to the CPI staff at ASU-Newport to review my financial and academic records including, but not limited to my FAFSA application, test scores, transcripts, and participation with the DHS programs. I also give permission for CPI to contact references and previous supervisors provided on my application. This information will be used to determine eligibility to participate in CPI. By signing below, I understand participation in CPI may be revoked at any time due to falsifying any information or engaging in inappropriate behavior. I also recognize assistance is limited and not guaranteed.

Signature

Date