

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

Campus: NLR South
Kanis Other

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 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"/> 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	<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"/> DHS <input type="checkbox"/> DWS <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

List any colleges you have attended in the past or are currently attending: _____ Name of Student/Employee Below: _____

Number of hours at previous colleges: _____ List any certificates or degrees you have already: _____

What are you studying at Pulaski Tech? _____

Employment:

Full-Time
 Part-Time
 Self-employed
 Unemployed
 Other

Name of Employer: _____
 Number of Years Employed: _____
 Supervisor & Work Number : _____
 Hourly Salary _____ or Annual Salary _____
 Job Title _____

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 PTC to review my financial aid and academic records, income tax returns, academic test scores, DHS, 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 and does not mean I have been enrolled.

Signature of Applicant: _____ Date: _____