

Career Pathways Assistance Request Form

Fall Spring Summer 20____

****Incomplete forms will lose priority processing and could fall onto a waitlist.****

Student _____ ID _____
Phone _____
Mailing Address _____
City _____ Zip Code _____

I am requesting assistance with:

(indicate: 1st choice, 2nd choice, 3rd choice, etc.)

_____ Gas

_____ Books *And/or Calculator Voice recorder Laptop

_____ Childcare

_____ Tuition *You must attach your bill indicating balance owed

_____ Test Fees/Supplies: *You must attach documentation indicating amount due

CNA LPN RN EMT/Paramedic
 Welding HVAC CDA Cosmetology

Tuition Assistance: Please explain why you need tuition assistance. _____ _____ _____
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****Acceptance into Career Pathways does not guarantee services.****

Student Signature _____ Date _____

Official Use Only

CPI Staff _____ Verified _____ Received _____