



## Career Pathways Initiative



Dear Prospective Participant,

Have you ever wished that you could have a second chance at education? Furthering your education can lead to better **jobs** and **higher wages**. The Arkansas Career Pathways Initiative (CPI) may be able to provide you that **opportunity**.

The Career Pathways Initiative may benefit you in several ways, including:

- Short term **career** certificate programs - some lasting under one year
- Two-year degree programs leading to high demand **careers**

The best part of the program is that this educational opportunity may be provided at no cost to you if funds are available. Other student support services may include:

- Childcare payment assistance
- Fuel assistance
- Career and academic counseling
- Tutoring services
- Job placement assistance

To be eligible for Career Pathways, you must be the parent or legal guardian of a child under 21 years of age who lives with you. You must intend to seek employment in a high demand occupation immediately following completion of a certificate or associate degree program, and you must:

- Be a current or former TEA recipient **OR**
- Be receiving Food Stamps, Medicaid, or ARKids **OR**
- Have earnings that fall below the 250% federal poverty level guidelines as indicated below

### Income Levels at 250 % of the 2014 Federal Poverty Level

Persons in Family Unit	Annual Income
2	\$39,325
3	\$49,475
4	\$59,625
5	\$69,775
6	\$79,925
7	\$90,075
8	\$100,225
<b>FOR EACH ADDITIONAL PERSON</b>	<b>ADD \$3,960</b>

### Arkansas Career Pathways Initiative Required Documentation

- Copy of current federal income taxes in which you claimed your children (annual income at or below 250% of the poverty level)
- Driver's license or government issued photo ID
- Social security card for self and EACH child

**OR**

- Letter from DHS listing current benefits & each person who receives those benefits
- Child's birth certificate
- Driver's license or government issued photo ID
- Social security card for self and EACH child



# UACCB Career Pathways Initiative Application

## Applicant Information

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 <i>Living in the Home</i> :			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: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated		Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-citizen Country of Citizenship: _____
Have you ever been convicted of a felony?      Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, was it in connection with distributing or manufacture of a controlled substance?      Yes <input type="checkbox"/> No <input type="checkbox"/>					

## Education

<b>College:</b>		City and State:			
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>		Degree:	
<b>College:</b>		City and State:			
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>		Degree:	
<b>GED:</b>		City and State:			
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>High School:</b>		City and State:			
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Education	
Are you currently enrolled in classes? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, where?
What term do you plan to start attending UACCB? Year	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II
Program/Major:	Current GPA:
What do you plan to obtain at UACCB? <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 _____ <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II	Have you applied for Financial Aid (Pell Grant)? Yes <input type="checkbox"/> No <input type="checkbox"/>
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? Yes <input type="checkbox"/> No <input type="checkbox"/> 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:	
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 <input type="checkbox"/> No <input type="checkbox"/>			
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 <input type="checkbox"/> No <input type="checkbox"/>			

<b>Employment History, continued</b>			
<b>Company:</b>		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 <input type="checkbox"/> No <input type="checkbox"/>			

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

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

By signing below, I give full permission to the UACCB CPI staff to review my financial and academic records including, but not limited to, my FAFSA application, test scores, transcripts, and participation with DHS programs. I also give permission for CPI to contact references and previous supervisors provided on my application if indicated. 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



# About You



Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First

(For all questions, use the back of the page if needed.)

What are your short-term goals? \_\_\_\_\_  
\_\_\_\_\_

What are your long-term goals? \_\_\_\_\_  
\_\_\_\_\_

What is your motivation for going to college? \_\_\_\_\_  
\_\_\_\_\_

### Assistance Needed

- Childcare     Transportation     Tuition     Books     Testing fees     Other (uniform, instruments)

Present childcare arrangements: \_\_\_\_\_

Backup Plan 1: \_\_\_\_\_

Backup Plan 2: \_\_\_\_\_

I currently have reliable transportation:  Yes     No

Backup Plan 1: \_\_\_\_\_

Backup Plan 2: \_\_\_\_\_

### Family Profile

What are your living arrangements (rent, own, live with parents etc.)? \_\_\_\_\_  
\_\_\_\_\_

What are your family's strengths? \_\_\_\_\_  
\_\_\_\_\_

What are your family's 'concerns'? \_\_\_\_\_  
\_\_\_\_\_

Could you/your family benefit from information about the following? (Please check all that apply)

- Improved family relationships
- How to be better parent(s)
- Household budgeting skills
- Making your money work



AUTHORIZATION TO RELEASE OR OBTAIN INFORMATION FOR THE UACCB CAREER PATHWAYS INITIATIVE

In the course of providing the best possible service to the participants of the Arkansas Career Pathways Initiative Program, the exchange of information between governmental agencies and educational institutions may be necessary. I hereby authorize the Arkansas Career Pathways Initiative personnel to release and/or provide, on a need to know basis, information which is reasonably necessary to accomplish the goals and objectives of the Pathways program. I understand the individuals that receive and use this information will hold it in the strictest confidence and will use it to better serve me. Non-personally identifiable information can be shared by ADHE/CPI with other entities to promote the program both inside and outside the state. I understand copies of this signed release will serve as valid authorization and the original signed document will be kept in my file. I understand that government records may be used to obtain this information.

I hereby authorize release of the following information to the following agencies, institutions or other parties unless the release or provision of such information is otherwise prohibited by law or regulation. Please initial each line.

- \_\_\_\_\_ The Department of Health and Human Services and the Division of Child Care and Early Childhood Education (DHHS/DCCECE) may provide information regarding my participation in agency programs. This will include names, social security numbers and other necessary information pertaining to my children.
\_\_\_\_\_ The Department of Workforce Services (DWS) may provide information regarding my participation in the Transitional Employment Assistance (TEA) program, unemployment insurance benefit program and my participation in Workforce Investment Act employment and training programs.
\_\_\_\_\_ The Department of Career Education may provide information including WAGE, Adult Education and current and past education participation.
\_\_\_\_\_ The Arkansas Department of Higher Education and affiliated educational institutions may provide records relating to my current and past education.
\_\_\_\_\_ The educational institution involved in my participation in the Career Pathways Initiative may provide information between the internal departments.
\_\_\_\_\_ The Workforce Investment Act service provider may provide information regarding my participation in adult work programs.
\_\_\_\_\_ The Division of Rehabilitation Services may provide information regarding my participation in Rehabilitation Services employment and training programs.
\_\_\_\_\_ The Department of Education and local school districts may provide information regarding my current and past education.
\_\_\_\_\_ Private and career training institutions may provide records relating to current and past training and education.
\_\_\_\_\_ My current and past employers may provide information related to my employment.
\_\_\_\_\_ My likeness may be used for public relations purposes in the media including newspapers, newsletters, TV ads, and other media venues.

As a condition to my authorization, the Arkansas Career Pathways Initiative agrees to use the information obtained solely for the purposes authorized by law and regulation including determining eligibility for employment and training programs, developing an appropriate employment or self-sufficiency plan, educational training and plans, and helping me achieve my occupational and education goals. This authorization can be revoked at any time with a written statement from me. This authorization is valid for the purpose of obtaining information for program performance reporting and participant follow-up activities related to pre-participation and post exit employment and earnings and for the purpose of obtaining educational information relating to my participation in the Career Pathways Initiative. I understand that, as a condition of my receiving services, information collected by the Career Pathways Initiative will be used for purposes of determining overall program performance.

Student's Signature \_\_\_\_\_
Date \_\_\_\_\_

Print Name \_\_\_\_\_

**Arkansas Career Pathways Initiative**  
**University of Arkansas Community College at Batesville**

**Participation Agreement**

As a participant in the Career Pathways Program at UACCB, you are eligible to receive services and benefits that are intended to assist you in furthering your education and increasing your position in the career pathway. We will not discriminate on the basis of gender, race, color, disability, national origin, or age. This is our commitment to you. In return, we ask that you make the following commitment to us:

1. I accept responsibility for my own academic success and agree to attend classes regularly. I understand that satisfactory attendance is defined as having a minimum or no absences in each of my classes.
2. I understand that the Career Pathways staff may communicate with my instructors at any time concerning my attendance, my progress, and my grade. It is my responsibility to get my attendance reports signed by my instructor if required.
3. I agree to attend an orientation session with my Career Pathways counselor upon acceptance into the CPI program.
4. I agree to attend an initial advisement session with my campus advisor/CPI counselor at the beginning of each semester. It is my responsibility to make an appointment with my counselor if required, every month to discuss progress.
5. I understand that financial services offered by Career Pathways should not be duplicated by another agency including, but not limited to, WIA, Employment and Training, DHS, or DWS. It is my responsibility to insure that I do not receive financial assistance from more than one agency for the same service during the same time frame.
6. I understand that my Pell grant must be exhausted before I can request assistance with tuition or purchase of books to keep.
7. I understand and agree to abide by the requirements and terms for receiving transportation support through the Career Pathways program.
8. I agree to participate in career exploration, financial aid advisement, counseling, academic advising, and workshops that are scheduled each semester as advised by my counselor.
9. I understand that if my grade point drops below a 2.0, the services that are offered to me may be discontinued.
10. I was provided a copy of the Career Pathways Handbook.
11. I understand funds are limited and not guaranteed.

If I fail to comply with the above obligations and responsibilities, I understand that I will be dismissed from the Career Pathways program.

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date



# Career Pathways Handbook 2014





## Office Hours and Contact Information

### Hours of Operation:

8:00 am – 5:00 PM  
Monday – Friday

Appointments may be scheduled at other times if needed.

### Mailing Address:

UACCB  
Career Pathways  
PO Box 3350  
Batesville, AR 72503-3350  
Phone: 870-612-2060  
Fax: 870-612-2125 Attn: Career Pathways

### Career Pathways Staff:

Debbie Wyatt  
Director  
[debbie.wyatt@uaccb.edu](mailto:debbie.wyatt@uaccb.edu)  
870-612-2112

Casey Bromley  
Career Support Services Facilitator  
[casey.bromley@uaccb.edu](mailto:casey.bromley@uaccb.edu)  
870-612-2060

*Friend us on Facebook! Uaccb Pathways Initiative*

## **Career Pathways Mission:**

The mission of the UACCB Career Pathways Initiative (CPI) is to provide eligible adults assistance in removing barriers on the path to better employment through education.

## **Expectations of Career Pathways Participants:**

- This program is designed to be used as a resource for you to obtain education and skills necessary to advance in the job market. This program is about jobs!
- You must set educational and personal goals.
- To insure academic success, you must attend class on time and as scheduled.
- The CPI staff is here to assist you; however your personal success is your responsibility.
- We may be able to provide resources such as tutoring, career counseling, academic advising, etc. It is your responsibility to seek these services.
- Meet with your CPI counselor when required and attend all required CPI workshops and events.

## **Pathways Services:**

Students please note that CPI funds are limited and are not entitlements.

Services may include:

- Academic Counseling/Advisement Services
- Registration Assistance
- Tutoring
- Job Placement Assistance
- Career Guidance
- Workshops
- Mentoring Services
- Financial Assistance
  - Tuition (Pell must first be exhausted)
  - Test Fees
  - Supplies
  - Text Books
  - Childcare payment\*
  - Fuel\*

\*A recipient of childcare vouchers and/or fuel assistance is required to work at least one hour per month and paid minimum wage or higher.

## Academic Advising:

An academic advisor will be assigned to each CPI student through the UACCB Academic Advising Center. CPI students are required to meet with their academic advisor before enrolling each semester. The CPI advisor will review your schedule and career plan. You should contact the CPI advisor to discuss any academic difficulties you may be experiencing.

## Change of Information:

It is very important for the CPI office to have correct contact information at all times. You must notify the CPI office of any change of information.

## Denial or dismissal to CPI Program:

CPI reserves the right to deny admission or dismiss someone from the program even if the person meets the criteria for admission. Reasons may include:

- an abusive attitude toward staff
- a poor attendance record
- a history of poor academic performance or no record of improvement in grade point or SAP percentage
- a felony conviction in connection with distribution or manufacturing of a controlled substance

## Gas Card Policy:

To receive a monthly gas card, you must be in good standing with Career Pathways (CPI); attend class; and show you legitimately worked one hour during the month before you receive the gas card (the reimbursement period). Here is how it works:

- Go to class. Before a gas card can be issued to you, the CPI staff will check your attendance. Your instructor maintains attendance records and we verify you were in class. More than 50% excused or unexcused absences will result in loss of gas assistance for that month.
- Get your work verification filled-out. State law mandates that you have to work at least one hour a month at minimum wage or more if receiving any CPI financial benefits. It is best to attach a pay stub to this sheet (see other side). If you do not receive a pay stub, make certain the person you are working for completes and signs the form on the reverse of this page. There are no exceptions.
- Make the grade. Maintain a 2.0 GPA or higher, or you will not receive a gas card until your grade becomes 2.0 or higher.
- Look at the bottom of the reverse side of this page. You can pick up your gas card between 8:30 a.m. – 4:00 PM during the week shown, which will almost always be the first, full week of the month. Please make certain to come to CPI during the scheduled week because we will not accept requests before or after that week.
- Take your red gas card and your student i.d. into the cashier at either Hawg's Exxon, the Citgo on the corner by UACCB or at the CITGO by Colton's to purchase the amount specified on the card. You can spend it at once or split the amount, but use the card before it expires at the end of the month. CPI is not responsible for lost or stolen cards.
- Return the used, red gas card from the prior month and your employment verification to CPI when you pick up a new gas card.

- Mileage is calculated based upon distance between the student's home and the campus.
- Transportation will only be paid for the days in which classes are in session and on the days that the student has attended scheduled classes.
- A student may on occasion obtain more fuel than they are awarded. Any overage that exceeds the maximum reimbursement rate allowed by the state of Arkansas will be the responsibility of the student. Any overage that exceeds 10% of the original award amount will result in a disciplinary conference with a Career Pathways staff member and a reduction of the next period's award. All conferences and award reductions will be noted in the student's file. If the student receives two award reductions in an academic year, the student will be ineligible for transportation benefits for the remainder of that academic year.

Eligibility for transportation benefits will be reviewed each semester. Probation period can be adjusted under the discretion of the CPI staff.

Career Pathways funding is provisional and is provided on an as-needed basis. Awards may be subject to revision or cancellation based on your enrollment status, limitation of funding, failure to meet academic progress standards, and/or your receipt of additional aid.

### **Definition of Earnings**

Earned income includes wages, salaries, tips, commissions, and any other payment resulting from labor or personal service. Generally, if a person is working as an employee, FICA taxes are withheld from earned income. Earned income also includes income from self-employment.

### **Verification of Earnings**

Verification of earnings from employment may be by any one, or a combination, of the following:

- Check stubs
- Pay slips
- Collateral contact with the employer. A DHHS-97 can be used for the employer to verify income.

Verification of earnings from self-employment may be by any one, or a combination of the following:

- Federal Income Tax Return
- Purchase, sales, and account books
- Any other source which establishes the source and amount of income

### **Probationary Status for Students:**

Students are required to attend class regularly, complete assignments on time, and maintain a 2.0 GPA. It is your responsibility to meet with the CPI advisor at scheduled times throughout the semester and ask for assistance when needed. Assistance may include, but is not limited to academic advising, tutoring services and referral to personal counseling.