



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

Campus: Blytheville      Burdette      Paragould  
 Leachville      Osceola

**Social Security Number:** \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Street Address or PO Box: \_\_\_\_\_

City: \_\_\_\_\_ Coun Are you in default on a \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Emergency Contact Name/Number: \_\_\_\_\_ Message Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M F US Citizen: 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"/> Unknown	<input type="checkbox"/> High School Graduate <input type="checkbox"/> GED Completer <input type="checkbox"/> Enrolled in GED <input type="checkbox"/> ESL Completer <input type="checkbox"/> Enrolled in WAGE <input type="checkbox"/> College Graduate	<input type="checkbox"/> DHHS Counselor <input type="checkbox"/> Poster <input type="checkbox"/> Mail <input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> Newspaper <input type="checkbox"/> Friends/Family <input type="checkbox"/> Workplace <input type="checkbox"/> Other
List previous colleges attended: _____		

Number of hours at previous colleges: \_\_\_\_\_ List any certificates or degrees you possess: \_\_\_\_\_

What is your ANC major/program? \_\_\_\_\_

**Employment:**

<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Other <input type="checkbox"/> Seasonal	Name of Employer: _____ Time with Employer: _____ Average number of Hours per Week: _____ Wages per Hour _____ or Annual Salary _____ Job Title _____
--	---

**Do you receive? (Check All that apply)      Financial Aid: (Answer all)**

<input type="checkbox"/> Food Stamps <input type="checkbox"/> Medicaid (includes ArKids) <input type="checkbox"/> Current TEA <input type="checkbox"/> Former TEA <input type="checkbox"/> Other - Specify: _____	Do you receive: PELL (FASFA):                      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 any college or school a past bill?      Yes          No
---	---

Have you ever been convicted of a felony?      Yes          No

If YES, was it connected with distribution or manufacture of a controlled substance? \_\_\_\_\_

If you are Male, have you registered with Selective Service?      Yes          No

I certify that the information provided on this application is true and complete to the best of my knowledge. I allow the Educational Institution I am attending and the Department of Higher Education to use the information I have provided to execute statistical research.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_