

East Arkansas Community College

Career Pathways Initiative Required Documents Checklist

| | |
|---|--|
| √ | Application |
| | Application |
| | Program Consent, Promotional Release, Children Discloser - <i>This form MUST BE SIGNED in person.</i> |
| | Signed Authorization to Release/Obtain Information |
| | Signed Equal Opportunity |
| | Signed Hatch Act |
| √ | Self |
| | Social Security Card |
| | Valid Arkansas Driver's License/ID - <i>Proof of address required, if the address on DL/ID does not match with the address on the application.</i> |
| | DHS Verification of Benefits (if apply) |
| | Signed Current Federal Income Tax or IRS transcript or Notarized document of non-filing income tax |
| | FASFA awarded letter (Pell) |
| | Transcripts (Most current) |
| | Placement Scores (ACT, Accuplacer, etc.) |
| √ | Child(ren) |
| | Birth Certificate |
| | ArKids/Medicaid Card (if apply) |

NOTE: All of the required documents must be submitted at application.

Please read and complete the entire application. Application must be completed in BLUE or BLACK ink.

| | | |
|---|-------------------------|-----------------|
| Last Name: | First Name: | Middle Initial: |
| Maiden Name: | Social Security Number: | Date of Birth: |
| Street Address: | City: | State: |
| PO Box Number: | County: | Zip Code: |
| Phone Number: | Cell Number: | Gender: |
| Personal Email: | School Email if Known: | |
| Emergency Contact Name, Phone & Relation: | | |
| US Citizen: YES NO or Legally Admitted Alien: YES NO Non-Resident Alien: Y or N | | |
| Marital Status: Married Single Separated Divorced Widow/Widower | | |
| Number of Children UNDER AGE 21? Children's ages: | | |
| Total Number of family members in the household? | | |

| Ethnicity: | Education: (Check all that apply.) | Do you receive: (Check all that apply.) |
|---|--|--|
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> High School graduate | <input type="checkbox"/> SNAP |
| <input type="checkbox"/> Black (Non-Hispanic) | <input type="checkbox"/> GED completer | <input type="checkbox"/> Medicaid/ARKids |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Currently enrolled in GED | <input type="checkbox"/> TEA – current |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> ESL completer | <input type="checkbox"/> TEA - former |
| <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Enrolled in WAGE | <input type="checkbox"/> WorkPays |
| <input type="checkbox"/> White (Non-Hispanic) | <input type="checkbox"/> College graduate | <input type="checkbox"/> Other: |
| <input type="checkbox"/> prefer not to answer | | |

| Employment/Job Title: | | | | |
|------------------------------------|-------------------------------------|---------------------|----------|---------|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> unemployed | Name of Employer: | | |
| <input type="checkbox"/> Part-time | <input type="checkbox"/> other: | Time with employer: | | |
| <input type="checkbox"/> Seasonal | | Hrs/week: | Wage/hr: | Annual: |

| | |
|---|--|
| Major/Program of Study @ EACC: | Other College(s) attended: |
| Previous Certificate/degrees earned if any: | |
| Financial Aid: | Other: |
| PELL (FAFSA)? YES NO | How Did You Hear About Career Pathways? Campus Friends/Family DHHS Counselor News Mail Poster Other Television Radio Workplace Pathways Website For-Profit Agency State Agency |
| Student Loan? YES NO | |
| Other: | |
| Default on a loan? Y N | |
| Owe funds to previously attended college? YES NO | |

I certify that the information provided on this application is accurate and complete to the best of my knowledge. I agree to allow East Arkansas Community College and the Arkansas Department of Higher Education to use the information I have provided for statistical research.

Signature of Applicant: _____ Date: _____



HATCH ACT

- No program under the Hatch Act may involve political activities.
- No client may engage in partisan and/or non-partisan political activities during hours for which the client receives Career Pathways funding.
- No client may at any time engage in partisan political activities in which such client represents him/herself as a spokesperson for the Career Pathways program.
- No client may be employed or out-stationed in the office of a member of Congress, a local legislator, or any staff of a legislative committee.
- No client may be employed or out-stationed in the immediate office of any chief-elected executive official(s), including shared offices, of the State or unit of general local government.

I certify that I have been furnished a copy of the Hatch Act and understand it as stated above.

Signature of Applicant

Date



Career Pathways Program Consent Form

I, _____, authorize the following agencies to share pertinent information about me and my children for the process of verifying my eligibility and to track my progress in the Career Pathways Initiative during and after participation in the program: Arkansas Department of Higher Education; Department of Workforce Services; Department of Health and Human Services; East Arkansas Community College – Department of Business and Industry Training/Workforce Development. Shared information could include but is not limited to name, date of birth, and social security number. This consent may be revoked at any time by providing a written request from me.

Student's signature _____ Date _____

Witnessed by _____ Date _____

Career Pathways Promotional Release Form

I, _____, authorize, with prior notification, my name and photograph to be used in print and electronic materials to promote public awareness for the CPI program and the state agencies listed above. This release may be revoked at any time by providing a written request from me.

Student's signature _____ Date _____

Witnessed by _____ Date _____

Child(ren) Disclosure

I, _____, verify that I am the custodial or non-custodial parent or legal guardian of the following children under the age of twenty-one.

List children's names and ages:

Student signature _____ Date _____

Witnessed by _____ Date _____



AUTHORIZATION TO RELEASE OR OBTAIN INFORMATION FOR THE 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. Nonpersonally 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 BY EACH STATEMENT):

- _____ The Department of Human Services and the Division of Child Care and Early Childhood Education (DHS/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, as well as the likeness of my children, 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 Signature

Student Printed Name

Date



Equal Opportunity is the Law

The Career Pathways Initiative is prohibited from discrimination against any individual in the United States on the basis of race, color, religion, gender, national origin, age, disability, political affiliation or belief, and against any beneficiary of programs financially assisted on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the US or his/her participation in any financially assisted program or activity.

If you believe that you have been subjected to discrimination under a Career Pathways financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either the agency's Equal Opportunity Officer or with the Director, Civil Rights Center (CRC), US Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC, 20210.

If you elect to file your complaint with the agency, you must wait either until the agency issues a written Notice of Final Action or until 90 days have passed, whichever is sooner, before filing with the Civil Rights Center.

If the agency does not give you a written Notice of Final Action with 90 days of the date on which you filed your complaint, you do not have to wait for the agency to issue that Notice before filing a complaint with the CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline; in other words, you must file within 120 days after the date on which you filed your complaint with the agency.

If the agency issued a written Notice of Final Action on your complaint but you are dissatisfied with the decision or resolution, you may file a complaint with the CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

I certify that I have been furnished a copy of the Equal Opportunity is the Law and understand my rights as stated above.

Applicant signature

Date

SECTION I: APPLICANT IDENTIFICATION

| | | |
|-------|----------|--------|
| Name: | Address: | Phone: |
| City: | Zip: | SSN: |
| | | DoB: |

SECTION II: ELIGIBILITY

STEP 1: Categorical Eligibility (Check the areas that apply.)

- Transitional Employment Assistance (TEA) (current or former)
- Supplemental Nutrition Assistance Program (SNAP)
- Medicaid or CHIP (including ARKids)

- If checked, the applicant is eligible for CPI and no further income verification is needed. A letter of eligibility or other official documentation should accompany this form and be placed in the student file. Go to Section III.
- If not checked, complete Step 2 AND Step 3 to verify income eligibility and parental status.

STEP 2: Child

- The applicant is a custodial or noncustodial parent or adult caretaker of a child under the age of 21.

STEP 3: Income Eligibility (Review the income chart and complete the Financial Eligibility Section.)

- Family income is less than 100% of the Federal Poverty Level (STOP: Advise applicant to apply for TEA benefits.)
- Family income is between 100% and 250% of the Federal Poverty Level.

STEP 4: Citizenship Eligibility (Check which applies.)

- Citizen of the United States
- Non-citizen who meets the TANF-eligible citizen criteria.
 - If neither box is checked, the applicant is NOT eligible for TANF funded services or programs including CPI.
 - If Step 1 is checked, the applicant is eligible for TANF/CPI services. Go to Section III.
 - If Step 3A is checked, STOP and refer the applicant for TEA services.
 - If Step 2 AND 3B AND 4 are not checked, STOP. The applicant is not eligible for TANF-funded services. Got to Section IV.

FAMILY INCOME WORKSHEET – Eligibility for TANF/CPI Funded Services

Federal Poverty Guidelines

| Family Size | Annual Income | Monthly Income | Weekly Income | |
|-------------|---------------|----------------|---------------|---|
| 1 | \$36,450 | \$3,038 | \$701 | If family size is more than 8, add an additional \$5,140 per family member. |
| 2 | \$49,300 | \$4,108 | \$948 | |
| 3 | \$62,150 | \$5,179 | \$1,195 | |
| 4 | \$75,000 | \$6,250 | \$1,442 | |
| 5 | \$87,850 | \$7,321 | \$1,689 | |
| 6 | \$100,700 | \$8,392 | \$1,937 | |
| 7 | \$113,550 | \$9,463 | \$2,184 | |
| 8 | \$126,400 | \$10,533 | \$2,431 | |

Family Information

- **Family size:** _____ (number of adults and minor children in the household).
- **Household Members:** List all people who live in the home, including the applicant. Attach a separate sheet if needed.

| SSN | Full Name (first, middle, last) | Birth Date | Relationship to Applicant |
|-----|---------------------------------|------------|---------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Family Income

- Total annual family earned income is \$ _____ (earned from employment and before taxes).
- Is this amount less than 250% of FPL on the above chart? Yes No
- If YES, the applicant is eligible for CPI services. If NO, the family is not eligible based on earned income.

SECTION III: DETERMINATION OF NEED

The services being provided are to:

- To provide assistance so that children may be cared for in their own homes or the home of a relative.
- To end dependence of parents on government assistance by promoting job preparation, work or marriage.
(This is the stated objective of CPI.)
- Prevent or reduce out-of-wedlock pregnancies.
- Encourage the formation and maintenance of two-parent families.

SECTION IV: CERTIFICATION OF ELIGIBILITY CRITERIA

This is a certification that the information provided on this form is true and correct to the best of the knowledge of those individuals whose signatures are affixed. If the information changes, the applicant will notify the CPI staff. CPI is to review and check off the following statements with the CPI applicant.

- I understand that I am required by law to provide my Social Security Number or proof that I have applied for a Social Security Number if I do not currently have one to receive TANF funded benefits/services. This is mandatory under the Social Security Act (42 U.S.C. 1137). The Social Security Number is used to administer the program, including determining eligibility, attributing the receipt of services, correspondence and participation to my case, as well as for reporting purposes.
- I do not have a Social Security Number and do not know how to apply for one, I understand that CPI will refer me to the appropriate agency and may provide other help as appropriate.
- I understand that my Social Security Number will be used to associate all records to my identification, including program participation and the receipt of services and benefits.

Applicant Certification

I certify to the best of my knowledge that the information in this form is true, including income and citizenship/qualified non-citizenship information.

Signature: _____

Date: _____

Street/PO: _____

City/State/Zip: _____

SSN: _____

Date of Birth: _____

Phone: _____

Email: _____

CPI Certification

- Based on the information provided by the applicant, the applicant is is not eligible for CPI services. This worksheet will be placed in the student file for compliance purposes.

Signature: _____

Date: _____



**CAREER PATHWAYS INITIATIVE
Verification of Referral**

I, _____, understand that I meet the specified low-income eligibility standards (at or below 100% of the Federal Poverty Level) and I am being referred by East Arkansas Community College/Career Pathways to other office/state agency. I will learn if I may qualify for additional services/benefits.

| | |
|-----------------------------------|------|
| Student's Signature | Date |
| Career Pathways Staff's Signature | Date |

| Department of Workforce Services | | | |
|--|--|---|---|
| Counties Served: Cross, Lee, Monroe, and St. Francis | Counties Served: Phillips and Prairie | Counties Served: Woodruff | Counties Served: Crittenden |
| Street Address: 300 Eldridge Road, Suite 2 Forrest City, AR 72335 | Street Address: 819 Newman Drive Helena, AR 72342 | Street Address: 7648 Victory Blvd., Suite B Newport, AR 72112 | Street Address: ASU-Mid-South 2003 W. Broadway W. Memphis, AR 72301 |
| Telephone Number: (870) 633 - 2900 | Telephone Number: (870) 338 - 7415 | Telephone Number: (870) 523 - 3641 | Telephone Number: (870) 400-2269 |

| Department of Human Services | |
|------------------------------|---|
| Crittenden County | 401 S. College Blvd., W. Memphis, AR 72301; (870) 732-5170 |
| Cross County | 803 HWY 64 East, Wynne, AR 72396; (870) 238-8553 |
| Lee County | 772 W. Chestnut St., Marianna, AR 72360; (870) 295-2597 |
| Monroe County | 600 N 11 th St., Clarendon, AR 72029; (870) 747-3329 301 ½ N. New Orleans, Brinkley, AR 72021; (870) 734-1445 |
| Phillips County | 104 D'Anna Place, Helena, AR 72342; (870) 816-3200 |
| St. Francis County | 1200 E. Broadway, Forrest City, AR 72335; (870) 633-1242 |

| Workforce Innovation Opportunity Act (WIOA) |
|--|
| St. Francis County: 300 Eldridge Road, Forrest City, AR 72335 Telephone Number: (870) 261 - 6400 |

NOTE: _____

Student Participant Agreement/Handbook Receipt

As a participant in the Career Pathways Initiative, you are eligible to receive services and participate in activities that will increase your chances of succeeding academically and graduating. These services are offered without regard to gender, race, color, disability, national origin, or age and at no additional cost beyond your regular tuition and fees as an EACC student. The program and staff will make this commitment to you. In return, we ask that you make the commitment to us:

- I accept responsibility for my own academic success and agree to attend classes regularly as defined by EACC's Excessive Absence policy. I agree to turn in my attendance and work verification each month on the designated dates as required for supportive services.
- I understand that the Career Pathways Initiative staff may confer with my instructors at any time regarding my attendance, progress, and/or grades. It is my responsibility to get my progress reports signed by my instructor and delivered to my CPI counselor.
- If I am a new Career Pathways participant, I agree to attend a Career Pathways orientation.
- It is my responsibility to make contact with CPI staff at least once a month to discuss my progress, barriers to academic success, or personal concerns.
- I agree to actively participate in any required workshops offered by the Career Pathways Initiative.
- I understand that I am not automatically entitled to any CPI benefits. I understand that I must follow all guidelines as stated in the Student Handbook and/or benefits request process in order to receive benefits.
- I authorize the Career Pathways Program staff at East Arkansas Community College to obtain or exchange any records or data from the Student Records Office, the Financial Aid Office, and/or any public service agency pertinent to my participation in the Career Pathways Program. I understand that my records will be protected under the CPI MOA's parameters of confidentiality.
- I understand that if my grade point drops below a 2.0 cumulatively, I will have 1 semester to raise my GPA back to 2.0 or higher, or my services may be discontinued.
- I agree to inform CPI of any updated telephone numbers and addresses and I will not drop classes, withdraw from EACC, or stop coming to classes without first notifying CPI staff.
- I agree to keep the CPI staff informed of my employment status for one year after leaving Career Pathways by exiting, graduation, or transferring to another college.
- I have been provided a copy of the Career Pathways Student Handbook, and I understand and agree to follow all guidelines written within the policy.

If I fail to comply with the above obligations and responsibilities as stated in the Career Pathways Handbook, I understand that I may be dismissed from the Career Pathways Initiative without the ability to re-enroll.

Student Name (PRINT)

Student Signature

Date

CPI Staff Name (PRINT)

CPI Staff Signature

Date

Individual Career Plan

| | | |
|--|--|---|
| Name _____ | | Date _____ |
| Last | First | MI |
| Email Address: _____ | | |
| General Information | | |
| <u>Current Education Level:</u> | | |
| <input type="checkbox"/> Enrolled in GED | <input type="checkbox"/> GED Completer | |
| <input type="checkbox"/> High School Graduate | <input type="checkbox"/> Waiting to Attend College | |
| <input type="checkbox"/> Enrolled in College | <input type="checkbox"/> College Graduate | |
| If you would like to attend college or are enrolled in college, what course of study are you interested in? | | |
| _____ | | |
| _____ | | |
| What are your educational goals (short-term/long-term)? | | |
| _____ | | |
| _____ | | |
| What are your employment goals (short-term/long-term)? | | |
| _____ | | |
| _____ | | |
| Special Needs Related to Learning: (learning or physical disability, seizures, illness, etc.) Optional Self Disclosure | | |
| _____ | | |
| _____ | | |
| To be completed by staff: Additional Observations from Personal Interview: (abilities, interests, motivation, preferences, etc.) | | |
| _____ | | |
| _____ | | |
| <u>Support Services Needed</u> | | |
| Childcare <input type="checkbox"/> | Transportation <input type="checkbox"/> | Tuition <input type="checkbox"/> Books <input type="checkbox"/> Other (uniform, tools, screening fees) <input type="checkbox"/> |



Release Form

I, _____, hereby agree and consent to allow the Arkansas Department of Education (ADE), and anyone authorized by ADE, to use the name, school district, and hometown and to reproduce, edit, alter, or publish photographs, audio, and video recordings of my child, children, or myself and their/my work products ("my/child's information") without payment or any other consideration.

I understand that the ADE owns a copyright and all other media distribution rights for any publication in which my/child's information appears and may exclusively use this in any manner, in whole or in part, including print, broadcast, digital media, or online. I understand that publications containing my/child's information will become property of ADE and will not be returned.

Furthermore, I, on behalf of myself, my child or children, and any person acting on our behalf, hereby consent and agree to release any and all claims or causes of action against ADE and any of its associates, employees, or agents associated with the release of my/child's information that is in the possession or control of ADE and is used or released as part of the normal course of business of the ADE.

Parent's Name or Adult (Please print.)

Child's Name or
Children's Names (Please print.)

Signature of Parent or Adult (Please sign in cursive.)

Date



Photo/Story/Video Release Form

I hereby grant the Arkansas Division of Workforce Services and/or the Temporary Assistance for Needy Families Program (TANF) permission to use my likeness in a photograph, written story, or video in any and all of its publications, including Web site entries, without payment or any other consideration.

I understand and agree that these materials will become the property of the Arkansas Division of Workforce Services and/or the Temporary Assistance for Needy Families Program and will not be returned.

I hereby irrevocably authorize the above named agency(s) to edit, alter, copy, exhibit, publish or distribute this photo, story, or video for purposes of publicizing the Arkansas Division of Workforce Services and/or the Temporary Assistance for Needy Families Program, or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness or story appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph, story, and/or video.

I hereby hold harmless and release and forever discharge the Arkansas Division of Workforce Services and/or the Temporary Assistance for Needy Families Program from all claims, demands and causes of action that I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have, or may have, by reason of this authorization.

I am 21 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

(Typed Name of Participant)

(Signature of Participant / Date)

(Typed Name of Case Manager)

(Signature of Case Manager / Date)

(Typed Name of Local Office Manager)

(Signature of Local Office Manager / Date)

(Typed Name of Local Office)

(Participant's County)

If the participant signing is under age 21, there must be consent by a parent or guardian, as follows:
I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Typed Name of Parent/Guardian)

(Signature of Parent/Guardian / Date)

| <u>TANF Funded Initiative Programs</u> | |
|---|------------------|
| Organization / Agency: _____ | |
| Typed Name of Contact: _____ | Signature: _____ |
| Geographic Area: _____ | |
| <small>For example: Counties where TANF Funds successfully assisted the Program Initiative)</small> | |



Arkansas Division of
Workforce Services

FOR CENTRAL OFFICE USE ONLY

Date Received: _____

Filed By: _____

Arkansas Career Pathways

Education Pays (EdPays)



Are you eligible for the Career Pathways Initiative (CPI)? Want to earn some extra cash while gaining workplace skills? Check out EdPays!

ELIGIBILITY

- Household income less than 150% of the federal poverty level
 - \$37,290 for a family of 3
- Have a child under the age 21 who resides in Arkansas
- Must be enrolled in at least 6 course credit hours or an approved non-credit program
- Must maintain satisfactory progress:
 - For Credit: 2.0 GPA (minimum) for coursework taken during the semester
 - Non-credit: satisfactory progress certified by instructor

INCENTIVE LEVELS

NEW ENROLLMENT
\$100

PROGRESSION
\$300
(\$600 max per semester)

PROGRAM COMPLETION
\$500

NON-CREDIT PROGRAM
(no other incentives apply)
\$500

Want to learn more about program requirements?
Contact your local community college TODAY!

Arkansas Career Pathways

EDUCATION PAYS STUDENT AGREEMENT FORM

The Student, _____ has
Printed Name

chosen to participate in the Education Pays program at this institution for the period of July 1, 2023-June 30, 2024. The agreement may be extended at the discretion of the institution, based on funding availability and student performance.

By signing this agreement, the Student acknowledges the following:

1. Education Pays funding is designed to reward the student for enrollment in and satisfactory progress toward an academic credential.
2. Funding is made available through TANF funds received from the Arkansas Division of Human Services and its affiliate, the Arkansas Career Pathways Initiative (CPI).
3. Funding is available only to CPI students with household income less than 150% of Federal Poverty Level guidelines (FPL).
4. The Student must meet all eligibility requirements for enrollment in the CPI program and agree to provide required information.
5. The Student must be enrolled in a minimum level of instruction and achieve satisfactory progression
 - a. For-Credit programs: six (6) credit hours of study in a semester and achieve a 2.0 GPA for coursework taken during the semester.
 - b. Non-Credit programs: enrolled in a program on the approved EdPays non-credit program list and successfully complete the program.
6. Non-credit programs are only eligible for the completion incentive.
7. The student will be placed on probation for one semester if progress is unsatisfactory. The probationary semester will allow the student to achieve satisfactory performance but progression payments will not be made during the probationary period. There is no probationary period for non-credit programs.
8. The schedule of payments is:
 - a. \$100 Enrolling for first time as CPI student (Student may only receive this payment once.)
 - b. \$300 Satisfactory progress at mid-term. (Progress may include grades and/or attendance or another method defined by the college.)
 - c. \$300 Satisfactory progress at semester-end. (Progress based on GPA.)
 - d. \$500 Upon completion of all coursework at the institution and withdrawal from CPI with an academic credential. (Student may only receive this payment once.)
9. The dates of payment are at the discretion of the institution based upon campus accounting procedures. Expected dates will be provided to the student.
10. The student understands that there is no guarantee of funding beyond the current semester.

I have read, understand and agree to comply with the above.

Student Signature _____

Date _____