

SEARK College Career Pathways Program Questionnaire
1900 Hazel Street, Pine Bluff, AR, 71603 ♦ (870) 543-5999

*****Please fill out this form and bring it with you to your one-on-one appointment*****

Name: _____ Date: _____

Student ID Number: _____ Phone: _____

Semester for which you are requesting assistance: _____

Please check one: _____ I am a **new** student to Career Pathways.
 _____ I am a **current** student with Career Pathways.
 _____ I am a **returning** student to Career Pathways.

1. What is your major at SEARK College? _____
2. Have you been accepted into a Nursing/Allied Health program? Yes or No _____
If so, which one? _____
3. Estimated graduation date (specify month and year):

4. Have you applied for a Pell Grant? Yes or No _____
5. Will you receive a Pell Grant for this coming semester? Yes or No _____
If so, how much? _____
If not, explain why not _____
6. Prioritize your assistance needs **1, 2, 3** and **4** with **1** being highest.
 - A. Tuition _____
 - B. Childcare _____
 - C. Gas _____
 - D. Books _____
7. Number of children requiring daycare _____, their ages _____ and number of days per week daycare is needed (according to your college schedule) _____
8. Estimated number of miles from your home to college _____
9. Estimated amount needed for books (Please go by TextStyles Bookstore with your proposed schedule to get a book list.) _____
10. Amount needed for tuition/fees (Consult the student handbook or use the tuition calculator on the SEARK website, www.seark.edu.) _____
11. How many classes do you intend to take? _____
12. What is your proposed schedule (which classes and on what days)?

Please note that if this form is not filled out completely, we will assume that you do not need assistance in that area.