**Arkansas Tech University**

**CCAMPIS Application**

**Personal Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | | T- Number: | | Campus Attending: | | |
| Date of Birth: | | Home Phone #: | | | | Cell Phone#: | |
| Address: | | | | | | | |
| City: | | | | State: | | | Zip: |
| Ethnicity:  \_\_\_\_ American Indian or Alaska Native \_\_\_\_ Asian American  \_\_\_\_ Black or African American \_\_\_Hispanic or Latino  \_\_\_\_ White\_\_\_\_ Native Hawaiian or other Pacific Islander  \_\_\_\_Biracial\_\_\_\_ Other \_\_\_\_ No Race Reported | | | | | Current Educational Level:  \_\_\_\_ GED \_\_\_\_ High School  \_\_\_\_ Certificate\_\_\_\_ Associates Degree \_\_\_\_ Other | | |
| Gender:  \_\_Male \_\_Female | Are you a first generation student:  \_\_\_\_Yes \_\_\_\_ No | | | | Are you a single parent: \_\_\_\_ Yes \_\_\_\_ No | | |
| What are your Educational/Career goals: | | | | | | | |

|  |  |
| --- | --- |
| Parent 2: Spouse or father/mother of the child that lives with you:  Name: | Is Parent 2 a student? \_\_\_YES \_\_\_NO  If yes at what college/university? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Household Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Number in household: | | Primary language spoken in the home: | |
| Child (children) needing preschool/daycare services:  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Does your child have any special needs: *Please include developmental, physical, nutritional, etc…* | | | |
| **Emergency Contact Information:** | | | |
| Name: | Relationship: | | Phone Number: |

**Employment Information (Applicant)**

|  |  |
| --- | --- |
| Employment Status: \_\_\_\_\_ Unemployed \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time | |
| Employer Name: | Supervisor: |
| Employers Phone #: | Hours worked per week: |

**Employment Information (Parent 2)**

|  |  |
| --- | --- |
| Employment Status: \_\_\_\_\_ Unemployed \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time | |
| Employer Name: | Supervisor: |
| Employers Phone #: | Hours worked per week: |

**ACADEMIC INFORMATION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you completed the FAFSA?  \_\_\_\_Yes \_\_\_\_No | | | Do you receive or are you eligible to receive a Pell grant? \_\_\_\_Yes \_\_\_\_No | |
| Student Status:  ­\_\_\_Full Time \_\_\_Part Time | Number of hours enrolled in: | | | Cumulative hours earned \_\_\_\_\_  \_\_\_\_\_This is my first semester |
| Major: | Minor: | | | Anticipated Date of Graduation: |
| Classification:  \_\_\_\_Freshman \_\_\_\_Sophomore  \_\_\_\_Junior \_\_\_\_Senior | | Semester GPA: \_\_\_\_\_\_\_\_  This is my first semester: \_\_\_\_\_ | | |

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**All applicants must submit the following documents with each application (only complete applications can be processed)**

A current class schedule

A copy of your most recent college unofficial transcript (Please note if this is your first semester and you do not have a transcript)

A copy of your Student Financial Aid Award Letter

A copy of your most recently prepared income tax return, with **ALL Social Security Numbers BLACKED OUT**

Return completed application and required documentation to Brown Hall Suite 333. Funds will be distributed on a first come, first serve basis as qualifications are met. A waiting list will be developed once funds for the semester are allocated.