**Arkansas Tech University**

**CCAMPIS Application**

**Personal Information**

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| --- | --- | --- |
| 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 \_\_\_NOIf 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)**

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| --- |
| 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.