Paris Junior College
Connect Program
Carl D. Perkins Grant
Application for Childcare/Textbooks

Eligibility Requirements:
- Must have submitted an application for admission to PJC.
- Must have completed the Connect Program application.
- Must have completed a FASFA and been determined to have an unmet need by the PJC Financial Aid office.
- Must be a declared technical/vocational major on student’s official college records at the PJC Records Office (applicant must check to determine if his/her major listed is a technical/vocational major before applying for services, and, If not, applicant must officially change his/her major at the Records Office). A student whose major is nursing and he/she has not been accepted into the nursing program, must list his/her major as Pre-nursing.
- Must be registered in at least nine (9) hours of technical/vocational courses or general academic courses on the student’s targeted Associate of Applied Science degree or Certificate program (Exceptions to the required number of hours must be approved by the technical/vocational division chair of the major area).
- Must maintain a GPA of 2.0 or higher.
- Must be one of the following categories: Single Parent, Displaced Homemaker, Student with Disabilities, Economically Disadvantaged Student, Student Preparing for Non-Traditional Major (example: men in nursing or women in welding), and Student with Limited English Proficiency.
- Are encouraged to attend meetings and special workshops.

Required Documentation:
- Financial Award Letter (copy – not the original)
- Copy of Student’s class schedule
- Copy of Student’s completed and signed technical/vocational degree plan.
- Signed and initialed Student Agreement
- Drop Agreement Form
  If Requesting Childcare, all of the above plus:
- Copy of the official birth certificate for each applicant’s child
- Copy of each child’s social security card, if available
- Copy of the license or registration of the childcare provider

Applications are to be returned to:
Paris Campus: Stephanie Pinckard Counseling/Advising Room 102, Alford Center
Greenville Center: Deanna Hutchinson Office Manager Campus Central Office
Sulphur Springs Center: Linda Meier Office Manager Campus Central Office
Assistance is requested for: _____ Fall _____ Spring _____ Summer I _____ Summer II _________ Year

Name: __________________________________________________________

Please print Last First Middle

Address: ________________________________________________________

No. & Street County City, State Zip Code

Cell Phone: ___________________ Other Phone: ___________________ Email: ___________________

Social Security Number: _____ - _____ - ______ PJC ID#: ___________________________ Male Female

Number of family members in household: _______ Adults: _____ Children: _____

What is your official PJC major? __________________________

☐ New student ☐ Returning student to PJC?

If you are returning, how many hours have you completed at PJC? ______ GPA: ______

Number of hours currently enrolled: _______ Enrolled in any developmental courses? ☐ Yes ☐ No

If so, how many? ______

Applicant should check all sources of income that apply:

☐ CCMS/CCS
☐ Department of Assistive and Rehabilitative Services (DARS)
☐ Texas Commission for the Blind

Are you a United States Citizen? ☐ Yes ☐ No

If not have you been granted Permanent Residence Status? ☐ Yes Card No.: _____________ ☐ No

Marital Status: ☐ Married ☐ Divorced ☐ Widowed ☐ Single ☐ Separated

Current Employment Status: ☐ Employed full-time ☐ Employed part-time ☐ Unemployed

If employed:

Employed by __________________________ Hourly rate: ___________ Hrs/Wk __________

Highest Level of Education: ☐ High School Diploma ☐ Some College: _____________ hours completed

☐ GED ☐ Other __________________________

Are you a (check all that apply)?

☐ Displaced Homemaker (An individual who was devoted to making a home and then left alone because of separation, divorce, death or an absent spouse.)
☐ Economically disadvantaged
☐ English is not your native language
☐ Have a physical, mental or learning disability
☐ Single Parent with custody of a child under the age of 12
☐ Seeking training for a job that is traditionally occupied by the opposite sex

Use the below space to explain any extenuating circumstances about your application.

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

What are your educational goals? (Use the space below or attach a separate sheet)

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________
CHILD CARE ASSISTANCE (skip this section if not applying for childcare) (Assistance limited to three children.)

Required Documentation:
- Copy of official birth certificate for each child
- Copy of each child’s social security card, if available
- Copy of the license/registration of the childcare provider
- Copy of divorce papers or proof of legal custody of all children, if applicable

Must list the name(s) of all children.

1. Child’s name: ____________________________________ Date of Birth: ______________
2. Child’s name: ____________________________________ Date of Birth: ______________
3. Child’s name: ____________________________________ Date of Birth: ______________

Name of Licensed or registered childcare provider: __________________________________________

Amount charged per week: ______________ Phone Number: _________________________________

Address: _____________________________________________________________________________

Contact Person: _______________________________________________________________________

Please check any of the following that apply:
- [ ] I have applied for CCMS/CCS
- [ ] I am on the CCMS/CCS waiting list/not currently funded
- [ ] I have been approved and will begin CCMS/CCS funding on _____________________
- [ ] I am currently receiving CCMS/CCS childcare funds

**Applicant cannot** receive childcare assistance from the Connect Program if they are also receiving childcare assistance from another agency (Workforce/CCMS/CCS). The applicant must immediately notify the Connect Program if he/she begins receiving childcare assistance from another agency. The student’s childcare assistance from the Connect Program will end at that time.

**Textbook Loan** (Refer to front page for all required documentation)

Please list courses and textbooks requested.

Course # ___________________ Textbook Title _________________________________________________

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Please check which support service is being requested: **Childcare** [ ] or **Textbook Loan** [ ]

(Applicant may choose only one)
I authorize the PJC Financial Aid Office to disclose my unmet financial need to a counselor/advisor with the Connect Program to determine eligibility for childcare or textbook assistance.

__________________________________________  __________________________________________
Student Signature  Date

__________________________________________  ________________________________
Student’s Printed Full Name  PJC ID Number

The information below must be completed by the PJC Financial Aid Office.

Amount of unmet financial need: ____________________________________________

__________________________________________  ________________________________
Financial Aid Office Representative  Date

Student Certification and Release of Information

I grant the Connect Program, administered by the Paris Junior College Counseling/Advising Department, permission to disclose any information concerning my educational funding with faculty, professional staff members, and/or sponsoring agency. This release of information is permitted to allow me to be considered to receive assistance, contingent upon availability of funds, from the Connect Program each semester that I am enrolled at Paris Junior College as a Technical/Vocational major and meet eligibility guidelines.

- I understand that Paris Junior College does not guarantee continuation of childcare or textbook assistance from semester to semester.
- I understand that I must meet all program guideline requirements in order to be considered for services each semester.
- I agree to supply any additional information needed to verify eligibility.
- I certify that the information provided is accurate and complete.
- I understand that any deliberate or careless inaccuracy can result in the cancellation of any aid awarded as a result of this statement.

__________________________________________  ________________________________
Student Signature  Date

Drop Agreement

Please initial each statement below:

_____ I understand that I must return any textbook loaned to me by the Connect Program within one week of dropping the course or the last day of finals, whichever comes first.

_____ I understand the Connect Program reserves the right to terminate all Connect Program assistance if I have not notified the program representative within 48 hours of dropping a class.

Student Signature ____________________________________________________________

Date ____________________________
Hold Information

I understand that a hold will be placed on my records at the time that I receive a textbook loan from the Connect Program. The hold will be removed when you return the textbooks.

Please indicate that you understand the conditions of a hold by initialing by each statement.

I can:

_____ Pay my tuition; on a payment plan if needed.
_____ View my schedule and financial aid information throughout the semester through Campus Connect

I cannot:

_____ View my unofficial transcript through Campus Connect

I must obtain an “Override Permission” from the Advising/Counseling Office prior to:

_____ Registering for the next semester
_____ Requesting an official transcript

I have read and understand the above statements.

_____________________________________________
Print Full Name

_____________________________________________    ____________________________
Signature                                          Date

This area for Office Use Only.

_____________________________________________    ____________________________
Counseling/Advising Signature                      Date

Notes:
Textbook Loan Acceptance Agreement

Please indicate if you accept textbook loan assistance for the ________________ semester.

Please Circle one: Yes No

By circling yes above, I am agreeing that I (please initial each statement):

_____ must notify Stephanie Pinckard of any changes to my current semester schedule, current major, address, and phone number.

_____ must maintain a 2.0 cumulative grade point average (GPA).

_____ must be enrolled in at least nine (9) hours in my current targeted degree plan at Paris Junior College in order to receive services (exceptions to the required number of hours must be approved by the technical/vocational

_____ must apply for Connect Program assistance each semester. Textbook loans are provided if grant funding is available. Therefore, Paris Junior College cannot guarantee textbook loans each semester.

_____ I understand that I must notify Stephanie Pinckard within 48 hours of dropping a course.

_____ I understand that if I drop a course(s), I must return loaned textbooks within one week.

_____ Also, I understand that Paris Junior College will cancel all Connect Program services if I have excessive absences.

_____ I understand that I must return the textbook within one week of the termination of textbook loan services.

_____ I understand that if I do not return the textbook, I am responsible for replacing the textbook with the current version of the textbook.

_____ I understand and that I may not write in, highlight, or tear any pages out of any book that I have borrowed through the Special Populations lending library.

_____ I understand that a hold will be placed on my PJC educational records until I return all textbooks loaned to me by the Connect Program. A hold will prevent you from registering early or acquiring an official transcript unless you seek permission from the counseling/advising office. In addition, you will be unable to view your unofficial transcript or register through Campus Connect.

- I acknowledge that I have read, and understand the above statement by means of initialing each statement.
- I will abide by all conditions of this agreement.
- I understand that failure to adhere to the above policies will result in the cancellation of the textbook loan made available through the Connect Program.

_______________________________________________
Students Printed Full Name

_______________________________________________
Student Signature __________________________

Please indicate if you accept textbook loan assistance for the ____________ semester.

Please Circle one: Yes No
Child Care Award Acceptance Agreement

Please indicate if you accept childcare assistance for the ________________ semester.

Please Circle one: YES NO

STUDENTS CANNOT RECEIVE CHILDCARE ASSISTANCE FROM CCMS/CCS (OR ANY OTHER AGENCY) AND ASSISTANCE FROM PARIS JUNIOR COLLEGE AT THE SAME TIME.

If I have indicated above that I am accepting childcare assistance through the Perkins Grant Program, I am agreeing that I (please initial each statement):

___ must notify Stephanie Pinckard of any changes to my current semester schedule, major, address, or phone number.

___ must maintain a 2.0 cumulative grade point average (GPA).

___ must be enrolled in at least nine (9) hours of my current targeted degree plan at Paris Junior College in order to receive services (Exceptions to the required number of hours must be approved by the technical/vocational division chair of the major area).

___ must make childcare arrangements with a licensed daycare facility or registered home.

___ must abide by the rules and regulations of the childcare provider.

___ must pay the cost for all holidays, scheduled Paris Junior College days off, registration fees, supplies required by daycare facility or registered home, between semesters, or other miscellaneous charges required by the daycare facility or registered home.

___ must notify Stephanie Pinckard before making any changes in placement of child(ren) for whom I am receiving daycare assistance.

___ must turn in all monthly progress reports. Failure to turn in monthly progress reports on time will result in loss of child care assistance. Due Dates for Monthly Progress Reports: 1st of each month throughout the semester

___ must apply for Perkins Grant assistance each semester. Paris Junior College cannot guarantee childcare assistance each semester. If grant funding is not available, childcare assistance will no longer be available.

___ In addition, I understand that Paris Junior College will not be liable or responsible, under any circumstances, for accidents involving childcare for my child(ren) or the quality of childcare provided by the licensed daycare facility or registered family home.

___ Also, I understand that Paris Junior College will cancel all Connect Program Perkins Grant services if I have excessive absences or if my child(ren) have excessive childcare absences.

- I understand that failure to adhere to the above policies will result in the cancellation of child care assistance.
- I understand that if Paris Junior College cancels childcare assistance all payments will discontinue and the child care facility will be notified of the cancellation in writing.
- I understand that if Paris Junior College cancels my childcare assistance that I am responsible for all charges for child care.

________________________________________________
Printed Students Name

________________________________________________
Student Signature ____________________________ Date

Please indicate if you accept childcare assistance for the ________________ semester.

Please Circle one: YES NO

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________________________________________________
Printed Students Name

________________________________________________
Student Signature ____________________________ Date