

**For Office Use Only:**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

PJC Signature: \_\_\_\_\_

**Priority Deadline**

**Spring: December 9, 2011**

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

**NOTE: Before the application can be submitted, the applicant must complete a Free Application for Federal Student Aid (FAFSA) at the PJC Financial Aid Office, or with a designated Financial Aid Advisor at the Paris campus, Greenville Center or Sulphur Springs Center, or on line at <http://www.fafsa.ed.gov/index.htm>. The applicant must establish unmet financial need as determined by the PJC Financial Aid Office in order to meet program requirements for assistance.**

**An applicant must enclose all documentation. *Incomplete* applications will not be processed. The applicant will not be contacted regarding missing documentation. Questions regarding the application may be directed to Counseling/Advising at (903) 782-0426, room 103, Alford Center, or [lmiles@parisjc.edu](mailto:lmiles@parisjc.edu).**

**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.
- Must attend mandatory meetings and special workshops as assigned.
- Must submit a copy of signed official degree plan (Students may speak with a counselor/advisor at the Paris campus, Greenville center, or the Sulphur Springs center to obtain a degree plan.).

**Required Documentation:**

- Financial Aid Award Letter (copy – not the original)
- Copy of student's class schedule
- Appropriate Signed and initialed Student Agreement form
- Copy of student's completed and signed technical/vocational degree plan (if a substitution has been granted, the degree plan must indicate the substitution)
- Drop Agreement Form (initialed and signed)
- Applicant requesting childcare assistance must provide (Childcare assistance is limited to three children.):**
  - 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:**

Linda Miles  
Counseling/Advising  
Room 103, Alford Center

**Greenville Center:**

Deanna Hutchinson  
Office Manager  
Campus Central Office

**Sulphur Springs Center:**

Linda Meier  
Office Manager  
Campus Central Office



**PLEASE PRINT OR TYPE**

**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*

**Phone:** \_\_\_\_\_                       **Yours**                       **Friend**                       **Relative**

Other number where applicant may be contacted: \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **PJC ID# (If known):** \_\_\_\_\_  **Male**  **Female**

**Number of family members in household:** \_\_\_\_\_ **Adults:** \_\_\_\_\_ **Children:** \_\_\_\_\_

In order to receive assistance, applicant **must be enrolled** in one of the following technical/vocational degrees, certificates or designated area of study.

Office Accounting Certificate Air Conditioning and Refrigeration AAS Certificate: Air Conditioning and Refrigeration Business Management with Hospitality Option AAS Computer Information Systems AAS Certificate: Business Computer Applications Networking AAS Certificate: Computer Support Tech Computer Network Tech CISCO/C-Tech Cosmetology Certificate: Cosmetology Training Program Cosmetology Instruction Nail Technician Criminal Justice AAS Drafting and Computer Aided Design AAS Certificate: Drafting Electromechanical Technology AAS Certificate: Electromechanical Technology Electromechanical Technology Level 1 Electronics AAS Certificate: Electronics Technician Electronics Technology Emergency Medical Services AAS Certificate: Emergency Medical Intermediate Emergency Medical Paramedic	Gemology Certificate Horology AAS Certificate: Mechanical Watch Repair Horology Technology Jewelry AAS Certificate: Jewelry Technology Bench Technician Casting Computer Aided Design Medical Records Coding Certificate Nursing ADN Certificate: Vocational Nurse (LVN) Office Information Specialist AAS Certificate: Advanced Office Applications Medical Transcription/Medical Assistant Office Accounting Pre Nursing Radiology AAS Surgical Technology Certificate Welding Certificate: Structural Steel Welding Pipe Welding Advanced Welding Shop Technology
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What is your official PJC major? \_\_\_\_\_

New student or  Returning student to PJC?

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

Number of hours enrolled: \_\_\_\_\_

Enrolled in any developmental courses?  Yes  No How many developmental courses? \_\_\_\_\_

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 was 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

**Please check which support service is being requested:  Childcare or  Textbook Loan**  
**(Applicant may choose only one)**

**CHILD CARE ASSISTANCE** (skip this section if not applying for childcare)

Applicant requesting childcare assistance, 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.*

**ALL STUDENTS MUST COMPLETE THE FOLLOWING SECTIONS:**

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

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

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**Student Certification and Release of Information**

All support services of a financial nature are based upon unmet need as determined by the PJC Financial Aid, special population status, and program of study. Applicant must:

- Attach a copy of **his/her most recent Federal Income Tax Return and any other proof of income** (i.e., TANF, Food Stamp Verification).
- Attach a copy of his/her signed college degree plan.
- Attach a copy of his/her class schedule.

Applicant requesting childcare assistance must:

- Attach a copy of the birth certificates for all children.
- Attach divorce papers or proof of legal custody of all children, if applicable.

Applicant agrees to supply any additional information needed to verify needed information. **Applicant must understand that any discrepancies in this application will result in immediate cancellation of all services provided.**

The application must be **received** by the deadline in order to receive priority consideration. Eligibility for assistance provided by the Connect Program will be re-evaluated each semester. A returning applicant must complete a Returning Student Application. However, all applicants must complete the General Application the first time the applicant applies and each fall semester.

**STUDENT AUTHORIZATION:**

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 all financial aid is conducted through the Paris Junior College Financial Aid Office, and that I must speak with the Financial Aid Office to apply and discuss any financial aid awards.
- I am aware that services provided to me through the Connect Program are contingent upon the level of grant funding available, completion of at least nine (9) hours of technical/vocational or general academic courses each semester on my targeted degree plan (exceptions to the required number of hours must be approved by the technical/vocational division chair of the major area), and completion of all Perkins Grant requirements.
- 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 certify that the foregoing information 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

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial Aid Office Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
PJC ID Number

**Amount of unmet financial need:** \_\_\_\_\_