

Student _____
Semester _____

**Applications are due 14 days prior the start of the semester. Books may be picked up the Friday before the first day of class.**

**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



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

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 or  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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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) (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 \_\_\_\_\_

Course # \_\_\_\_\_ Textbook Title \_\_\_\_\_

Course # \_\_\_\_\_ Textbook Title \_\_\_\_\_

Course # \_\_\_\_\_ Textbook Title \_\_\_\_\_

Course # \_\_\_\_\_ Textbook Title \_\_\_\_\_

**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

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**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 your 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 m 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

\_\_\_\_\_  
Date

## Child Care Award Acceptance Agreement

<p>Please indicate if you accept childcare assistance for the _____ semester.</p> <p>Please Circle one: YES NO</p>
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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 day care 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: 1<sup>st</sup> 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