# SOUTH LOUISIANA COMMUNITY COLLEGE

## PACE
Pathways to Accelerated Career Education

## Student Application

<table>
<thead>
<tr>
<th>Name</th>
<th>First</th>
<th>Last</th>
<th>Middle Init.</th>
<th>Social Security Number</th>
<th>Gender</th>
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<td>□ Female □ Male</td>
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<tr>
<th>Primary Contact Phone#</th>
<th>Alternate Contact Phone#</th>
<th>Is it OK to be contacted via text message?</th>
<th>Date of Birth</th>
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<td>□ Yes □ No</td>
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<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Primary Email Address</th>
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<tr>
<th>Mailing Address (if different from street address)</th>
<th>Alternate E-mail Address</th>
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<tr>
<th>Emergency Contact</th>
<th>Name</th>
<th>Emergency Contact Phone Number</th>
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## Demographic Data

- Are you Hispanic or Latino? □ Yes □ No

  **Please select one or more of the following (Check all that apply):**
  - □ American Indian or Alaska Native
  - □ Asian
  - □ Black or African American
  - □ Native Hawaiian or Other Pacific Islander
  - □ White
  - □ Other: _______________________

## TAA Eligibility/Dislocated Workers

- Are you eligible* for TAA Service (Trade Adjustment Assistance certified by DOL)? □ Yes □ No □ Unsure

  *You lost or may lose your job due to company moving jobs to another country

- Are you a dislocated worker? (laid off through no fault of your own) □ Yes □ No

  If yes, please list the employer:
  ________________________________

## Financial Aid Assistance

- Are you currently receiving financial assistance? □ Yes □ No

  If yes, please select all those that apply:
  - □ Pell Grant
  - □ VA
  - □ Vocational Rehab
  - □ Scholarship(s)
  - □ Loan(s)
  - □ Tuition Waivers/Discounts
  - □ Other: _______________________

- Do you owe money on Pell grant, student loans, to any colleges? □ Yes □ No

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Revised 10/22/2013
### Legal

**Are you registered with Selective Service? (males only)**
- [ ] Yes
- [ ] No

**Have you ever been arrested?**
- [ ] Yes
- [ ] No

**Have you ever been convicted of a felony?**
- [ ] Yes
- [ ] No

**If yes, list offense(s) and year:**

______________________________
______________________________
______________________________

### English Language Proficiency

**English Language Status:**
- [ ] Native English Speaker
- [ ] Limited English Speaker
- [ ] Bilingual (proficient in first language and English)
- [ ] Non-English Speaker

**If Non-English Speaker or Bilingual, please state primary or other language:**

______________________________

### Military Status

**Are you currently serving or have served in the Military:**
- [ ] Yes
- [ ] No

**If yes, choose one:**
- [ ] Activity Military
- [ ] A Veteran
- [ ] An eligible spouse
- [ ] Discharged

**If you were discharged, please select one:**
- [ ] Honorably
- [ ] Dishonorably

### How Did You Hear About Us?

- [ ] Website/Email
- [ ] Radio
- [ ] Newspaper
- [ ] Instructor
- [ ] Friend
- [ ] Work
- [ ] Church
- [ ] Community Organization
- [ ] SLCC Admissions
- [ ] Adult Ed Program
- [ ] Other (Please Explain)______________

### Previous Education

**Do you currently attend school or a GED program?**
- [ ] Part-time
- [ ] Full-time
- [ ] No

**Name of School:** ________________________________

**Program:** ________________________________

**Have you taken any of the following tests within the past six months?**

- [ ] TABE □ Yes □ No
- [ ] Compass □ Yes □ No
- [ ] ACT □ Yes □ No
- [ ] SAT □ Yes □ No

**What is the highest level of education that you have completed?**

- [ ] Some high school – last grade completed: ____________
- [ ] High School Diploma
- [ ] High School Equivalent (GED)
- [ ] Some college but no credential
- [ ] Associate’s Degree (two year degree)
- [ ] Bachelor’s Degree (four year degree)
- [ ] Graduate or Professional Degree
- [ ] Any credential or certificate – Year ________ Type __________________

**Do you have any learning disabilities?**
- [ ] Yes
- [ ] No

If so, please explain:

________________________________________________________________________

________________________________________________________________________

### Education & Career Plans

**Plan to attend SLCC Full-Time or Part-Time:**
- [ ] Part-time
- [ ] Full-time

**What pathways are you interested in?**
Please select all that apply:
- [ ] Information Technology
- [ ] Healthcare
- [ ] Technical

**Area of Concentration:** ________________________________

**What type of degree do you plan to obtain?**

GED _____ TCA _____ CTS _____ TD _____ AAS _____

**Plan to attend SLCC and work Full-Time or Part-Time:**
- [ ] Part-time
- [ ] Full-time
- [ ] Attend SLCC only

**Plan to attend SLCC while enrolled in another vocational program or institution (dual enroll):**

**School/Program Name:** ________________________________

**Plans after graduation:** *(Check all that apply)*

- [ ] Enter the workforce immediately
- [ ] Attend a 4 year college
- [ ] Enroll in the Armed Forces
- [ ] Enroll in another vocational/training program

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Revised 10/22/2013
**Incumbent Worker Status**

Are you currently employed? □ Yes □ No

If yes, when do you work? □ Morning □ Afternoon □ Evening

**Previous Work Experience/Skills**

Please list previous work experience or skills that are relevant to your interested pathway (i.e. if interested in information technology pathway please list only skills or previous work experience relevant to information technology):

**Academics and You**

In your own words, why do you want to attend SLCC? Tell us about your goals.

___________________________________________________________________________________________________

___________________________________________________________________________________________________

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**Student Acknowledgement and Consent**

I acknowledge that South Louisiana Community College does not discriminate on the basis of race, color, gender, religion, national origin, age or disability. I understand that the information being requested will be used to determine my eligibility for grant-funded services. I understand I do not have to provide the information or consent designated on this form. However, if I do not, I may not be eligible to receive grant-funded services. I know that state and federal privacy laws protect my records and any information gathered will be confidential. If I have a question about anything on this form, or would like further explanation, I can discuss it with the program staff. I agree that the information I have provided is true and correct to the best of my knowledge and ability.

Signature ____________________________    Date ____________________________

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Revised 10/22/2013
Upon the terms herewith stated, I hereby give to South Louisiana Community College (SLCC), their legal representatives and assigns, and those acting with college authority and permission:

a) The unrestricted right and permission to copyright and use, re-use, publish, and republish photographic portraits, pictures, audio, video, and/or other media content of me or in which I may be included. This includes any content of me intact or in part, composite or distorted in character or form, without restriction as to changes or transformations in conjunction with my own or a fictitious name, or reproduction hereof in color or otherwise. This includes any content of me made through all media now or hereafter known for illustration, art, promotion, advertising, trade, or any other purpose whatsoever.

b) I also permit the use of any printed material in connection therewith.

c) I hereby relinquish any right that I may have to examine or approve the completed product or products, advertising copy, printed matter, or other media that the college may use in conjunction therewith or the use to which it may be applied.

d) I hereby release, discharge and agree to save harmless SLCC and all persons acting under college permission or authority from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise. This includes changes that may occur or be produced in the taking or design of said media or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.

e) I hereby affirm that I am over the age of majority and have the right to contract in my own name. I have read the above authorization, release and agreement, prior to its execution; I fully understand the contents thereof. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

f) I understand that if I choose to opt out and not accept the terms of this photo release, it will be my responsibility to inform SLCC staff and all persons acting under college permission or authority that I prefer not to have media content of any kind with my likeness used by the college for any reason.

I choose to opt out and not accept the terms of this photo release.

Dated: __________________________ Address: __________________________
Printed Name: __________________________ City: __________________________
Signature: __________________________ State: __________________________
Witness: __________________________ Zip: __________________________