| | |
|---|---|
| ☐Help Desk Track (A+) | ☐Programming Track |
| ☐Cisco Track | ☐Mobile App. Programming |
| ☐ Microsoft Office Specialist | ☐ Design Track |
| ☐ Microsoft Technical Assoc. | ☐ Informational |

## STUDENT PARTICIPATION AGREEMENT

Welcome aboard the **ARK**! The **ARK** Program is funded through a federal grant from the Department of Labor. As a student participant in NWACC's **ARK** Program, you must be willing to comply with certain requirements deemed mandatory by our grant contract. One of the goals of the **ARK** Program is to provide training that will make an unemployed worker more competitive, and increase the skills and income of an already employed worker.

In order to track the outcomes as they relate to this goal, someone from the ARK Program will follow up with you three months after completion, and again six months after completion, and again nine months after completion. We also want to make sure that the student participants know how fortunate they are to be in these classes *without cost to themselves*.

Please read the following statements **and initial by each one** if you agree to comply. Then **sign and date** at the bottom. Again, welcome to the Program!

_____ I know that I have to pass the pre-course assessment prior to attending the course. If applicable. (Software courses require a general understanding of fundamentals of computer systems. You must know how to operate a desktop computer and how to find resources on your computer.)

_____ I understand I will need to meet any pre-requisite(s), including any pre-assessments required, according to the Track/Program I choose.

_____ I understand that for any Track/ Program I am required to attend all days of the length of the class, with the ultimate goal of taking the certification test on the last day of each session (if applicable).

_____ I understand that as a participant, I will receive follow-up contact from ARK personnel after three (3), six (6), and (9)nine months of the completion of the course(s). At that time I agree to share information concerning changes in my employment status and/or income and how, if any, the certification(s) I received as a student participant impacted these changes.

_____ If my contact information changes after completing this application, or within the next year, I agree to notify **ARK** personnel of the changes.

_____ I understand that I am receiving a sizeable training at no cost to myself, and that if I agree to attend, it means someone else was left on a waiting list. Therefore, I will do my best to complete the course, do the work and get my certification. **(Failure to comply may result in you not being eligible for future training.)**

| _____ | _____ | _____ |
|---|---|---|
| Signature | Printed Name | Date |

Rev. 8/2012

**PARTICIPATION INTAKE FORM**
(To be completed at the time participant begins training)

The **ARK Program** is required to obtain personal information from all individuals participating in training/educational activities in order to track aggregate socioeconomic characteristics.
Your Social Security Number is requested in order to access wage and employment information through state databases. Although you cannot be denied service for failure to provide your Social Security Number, we strongly encourage you to do so in order to enable the Program to quantify specific employment related outcomes.

If you do not provide your Social Security Number, **male participants** must provide written documentation verifying their Selective Service Registration to be eligible for the training provided through the ARK Program.

**I. Training Participant Information**
**(PLEASE PRINT)**

1. First Name_____ Middle Initial_____ Last Name _____

2. Mailing Address:_____ 3. County:_____

4. City: _____ 5. State: _____ 6. Zip Code _____

7. Phone/Cell: _____ 8. Email address: _____

9. Date of Birth: _____ (MM/DD/YYYY) 10. Current Age: _____ 11. SSN: _____

12. Gender: ☐Male ☐Female
12A. If male, have you registered for Selective Service?

13. Do you have a Hispanic/Latino ethnicity? ☐Yes ☐No

14. What is your race?

☐ American Indian or Alaska Native
☐ Native Hawaiian or other Pacific Islander
☐ Asian
☐ White
☐ Black or African American
☐ More than one Race

15. What is your highest level of educational attainment?

☐ 8th Grade and Under
☐ 9th Grade-12 Grade
☐ High School or Equivalent
☐ 1 to 4 years of college, or Full– time Technical/vocational school
☐ Associate's Degree
☐ Bachelor's Degree
☐ Master's Degree

16. Indicate whether you can be classified into any of the following categories (Check all that apply)

☐ Eligible Veteran
☐ Limited English Proficient
☐ Individual w/ Disability
☐ Unemployed
☐ Dislocated Worker
☐ Individual impacted by automotive related restructuring
☐ Needing updated training
☐ Seeking employment path out of poverty & into self-sufficiency
☐ Individual with a criminal record
☐ High School drop-out

17. What is your current employment status?

☐ Employed **(answer 17 A-C)**
☐ Not Employed
☐ Employed but received notice of Termination
☐ **LONG** Term Unemployed– more than 27 weeks
☐ Incumbant Worker

17A. If employed, what is your current occupation? _____

17B. If employed, what is the name of your employer? _____

17C. If employed, what is your salary? _____

**II. Education and Training Activities**

18. Date began receiving education/training: _____
MM/DD/YYYY

19. Name of Training Program/Course/Track: _____

20. Will this training program/course lead to a certification or degree? ☐Yes ☐No

21. Indicate the type of training that is being administered. (Select all that apply)

☐ Classroom training activities
☐ Other training activities

22. Indicate the type of services that will be utilized by the participant. (Check all that apply)

☐ Participating in Basic Skills Training
☐ Receiving Case Management Services
☐ Receiving Supportive Services
☐ Receiving Assessment Services
☐ Receiving Retention and Follow-up Services
☐ Currently not receiving any of the above services

**III. Supportive Services/Financial Services**

23. Indicate whether you are currently receiving any of the following financial support services.
( Check all that apply)

☐ TANF ☐ Other (please specify) _____
☐ ARRA (funds through ADWS to support youth, adults and dislocated workers)
☐ PELL

**Data Consent**

I hereby give my permission for the information that I provide to be used in accordance with measuring program outcomes for the ARK Grant Program.

_____ _____
Signature Date

| **For Office Use Only (To be completed by training/educational organization)** | | |
|---|---|---|
| Training Organization Information | : | _____ |
| Date Intake Form Completed (MM/DD/YYYY | : | _____ |
| Name of Training Organization | : | NWACC ARK GRANT |
| Name of Training Organization Contact | : | Josh Malone |
| Email Address of Organization Contact | : | jmalone4@nwacc.edu |
| Mailing Address (include City and State | : | #1 College Drive, Bentonville, AR 72712 |

NWACC
NORTHWEST ARKANSAS
COMMUNITY COLLEGE

Process By _____
Date _____

# Consent to the Release of Academic Information

*Please complete all sections.*

***This form will only be accepted at the student records window, by fax, or by mail. If you fax, mail, or have a third party turn in this form, please provide a copy of an acceptable form of ID with your signature, such as a driver's license.***

ID#_____

SS#_____ Name _____ Date _____

Current Address _____ Phone _____
Street or P.O. Box

_____

The Family Educational Rights and Privacy Act (FERPA) provides procedures for the appropriate consent for the release of Academic Information about the student listed above. This form is applicable only to students not concurrently enrolled in high school. Students concurrently enrolled at NWACC and in high school need to see the appropriate concurrent advisor.

The persons listed may access the following student information: *Check all that apply.*

- ☐ Grades
- ☐ Class Schedule
- ☐ Academic Progress
- ☐ Attendance
- ☐ Financial Aid Information
- ☐ PIN/Password*
- ☐ Payment Information
- ☐ Disability Services
- ☐ VA

** Releasing PIN/Password gives the authorized person access to student email, registration, class schedule, and payment/tuition information. (This individual will need to present a picture ID to the Student Records Office or provide the approved password over the phone to receive a PIN/Password.)*

The purpose of this form is to make clear to whom the student has given consent to receive Academic Information from the NWACC Student Records Office. This form will be kept in the student's official academic record.

I, (please print name) _____,

Check only one of the following:

- ☐ Grant no permission to NorthWest Arkansas Community College to release Confidential Academic Information.
- ☐ Hereby grant permission to NorthWest Arkansas Community College to release confidential Academic Information to the following persons:

_____ _____
Name Relationship

_____ _____
Name Relationship

_____ _____
Company or Organization Requester's Name

_____ _____
Address Phone Number

Allow release of information to above noted, third party, by phone. ☐ **Yes** ☐ **No**
**If yes, please provide a password for use by the third party for identification over the phone.** _____

This Consent to the Release of Academic Information is to remain valid until my graduation unless I have set an alternative date.
Please specify: ☐ Graduation **OR** ☐ Expiration Date: _____

_____ _____
**Student Signature** **Date**

Student Records Office
SC 215 • 479-619-4398 • Fax: 479-619-2229
One College Drive • Bentonville, AR 72712 • 479-636-9222 • 1-800-995-6922 • www.nwacc.edu

# NWACC Corporate Learning Registration

Mail to : NWACC Corporate Learning
One College Drive
Bentonville, AR 72712

Phone Registration: 479-936-5175 (M-F, 8am–4:00pm)
Online: www.nwacc.edu/corporatelearning
In person: 1100 SE Eagle Way, Bentonville (M-F, 8am – 4:00pm)

**Use this form to enroll in Corporate Learning courses.**

**Student ID No.**_____ **(assigned by NWACC)**

Last Name _____ First Name _____ Middle Name (if any) _____

Home Address _____

City _____ State _____ Zip _____

Cell Phone _____ Day Phone _____ Evening Phone _____

**Date of Birth (REQUIRED)** _____ **E-mail address (REQUIRED)** _____

Have you previously attended NWACC? ☐ Yes ☐ No Former Last Names (if any):_____

Gender: ☐ Male ☐ Female

Are you currently working toward a Corporate Learning certificate? ☐ Yes ☐ No Which one? _____

**How did you hear about us?** _____

**Please Enroll Me In:**

| Course Number | Course Name | Start Date | Day(s) | Time | Cost |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Total Tuition** _____

## PAYMENTS:

**Checks are made payable to NorthWest Arkansas Community College.**

**Credit Card/Debit Card: ☐ Company Name, if Corporate Credit Card:**_____

**Check: ☐ If Company check, include name:** _____ **Check No.**_____

**Cash: ☐ Payment Plan (Email Address Required): ☐**

**Letter of Intent: ☐ (attach to registration) Apprenticeship Agreement: ☐ (attach to registration)**

**OPTIONAL INFORMATION: (used for research purposes):** ***Employer:*** _____

***Primary reason for attendance***: ☐ Advancement in current job/career ☐ Train for new job/career ☐ Enter/re-enter job market ☐ Personal enrichment ☐ Licensure ☐ Earn a certificate ☐ Improve job skills ☐ Other _____

***Race:*** ☐ American Indian or Alaskan Native ☐ Asian or Pacific Islander ☐ Black/African, non-Hispanic ☐ Hispanic/Latino/Chicano ☐ Native Hawaiian or other Pacific Islander ☐ White, non-Hispanic

***Highest Educational Level Attained:*** ☐ Less than a high school diploma ☐ High school diploma or GED ☐ Associate's degree or certificate ☐ Some college ☐ Bachelor's degree ☐ Master's degree or higher

**Registration completed/checked by:**

_____
(NWACC Employee)
Date _____

**Office Use Only:**
Contract _____ Company Name _____
Registrar _____ Date _____
Cashier _____ Date _____
Inv. Date _____ Inv. # _____