

CCC Student Intake Form / N-Pace Grant

N-PACE, or the Nebraska Precision Ag Center for Excellence, is a US Department of Labor grant to establish a precision agriculture component to the existing Agricultural Sciences program at CCC.

The purpose of this form is to gather information about participants in N-PACE sponsored classes. This information must be reported back to the US Department of Labor to evaluate the success of the grant. Information will be kept confidential, and no personal information will be shared in the report for the Department of Labor. You will be assigned a number by the N-PACE staff, and that number will be the only means used to identify your answers given in this form.

Please be as accurate as possible in your answers. Thank you!

* Required

1. Email address *

2. Today's Date: *

Example: December 15, 2012

N-Pace ID: _____

Assigned by N-Pace Staff

Student Information

3. Campus currently enrolled at: *

Mark only one oval.

- ☐ Hastings Campus
- ☐ Columbus Campus
- ☐ Online Course Only
- ☐ High School Dual Credit / Early College (Please Answer Question # 4)

4. If High School Dual Credit / Early College what is the name of your high school?

5. What is your major? *

6. Last Name: *

7. First Name: *

8. **Middle Initial:** *

9. **Program Start Date:** *

10. **CCC Student ID:** *

11. **Street Address:** *

12. **City/State/Zip:** *

13. **Contact Phone:** *

14. **Birth Date: (MMDDYYYY)** *

15. **Age:** *

16. **Gender:** *

Mark only one oval.

- ☐ Male
☐ Female

17. **Race:** *

Mark only one oval.

- ☐ Black, Non-Hispanic
☐ White, Non-Hispanic
☐ American Indian/Alaskan Native
☐ Asian/Pacific
☐ Hispanic
☐ Other, fill-in answer below

18. **Other from above question:**

19. **Are you of Hispanic/Latino origin? ***

Check all that apply.

☐ Yes

☐ No

20. **Reason for entering program ***

Mark only one oval.

☐ Unemployed

☐ Enhance Skills

☐ Recommended by Employer

☐ Dual Credit/Early College

☐ Other

21. **If you answered other above, what is the reason?**

Disability Information

22. **Are you disabled as defined by the American w/Disabilities Act (ADA)? ***

Check all that apply.

☐ Yes

☐ No

23. **Are you eligible for Trade Adjustment Assistance (TAA)? ***

Check all that apply.

☐ Yes

☐ No

☐ Don't know

Employment Information

24. **Are you employed? ***

Mark only one oval.

☐ Yes / Full time

☐ Yes / Part time

☐ Not Employed

25. **If employed, who is your employer?**

26. **What is your current job title? ***

27. What is your current monthly gross earnings?
(Enter dollar Amount) *

28. If not employed, do you receive Unemployment Benefits?

Mark only one oval.

☐ Yes

☐ No

29. If not employed, did you recently lose employment?

Mark only one oval.

☐ Yes

☐ No

30. What is your short-term (1 - 2 years) occupational goal? *

31. What is your short-term (2 - 5 years) income goal (monthly gross earnings)? (Enter Dollar Amount) *

32. What is your longer term occupational goals? *

MILITARY INFORMATION AND PRIORITY OF SERVICE DEFINITION

33. What is your military status? *

Check all that apply.

☐ Active

☐ Veteran

☐ Guard/Reserve

☐ Not Applicable

"Pursuant to the United States' Jobs for Veterans Act (38 U.S.C. §§38-101 et seq.), veterans, and spouses of certain veterans ("Covered Persons"), shall be given priority over a non-covered person for the receipt of employment, training, and placement services provided under this program, notwithstanding any other provision of the law. If you are a veteran, or the spouse of a veteran, please inquire about receiving priority service."

School Information

34. Highest Educational Level Completed? *

Check all that apply.

- ☐ Less than HS Diploma / no GED
- ☐ HS Diploma / GED
- ☐ Some College, no degree
- ☐ Completed AA/AAS degree
- ☐ Bachelor's Degree
- ☐ Graduate Study above Bachelor's

35. Assessments(s) Taken: *

Check all that apply.

- ☐ ACT
- ☐ COMPASS
- ☐ ASSET
- ☐ ACCUPLACER
- ☐ None, Taken

36. Other Assessment Taken:

37. Are you Full-time or Part-time College Student, or Early College Student (High School)? *

Mark only one oval.

- ☐ Full-time (12 or more credit hours for fall/spring, 6 or more credit hours for summer)
- ☐ Part-time (less than 12 for fall/spring, less than 6 for summer)
- ☐ High School Dual Credit / Early College

38. What is your educational goal? *

Mark only one oval.

- ☐ Bachelor Degree (4 Plus Years)
- ☐ Associate Degree (64 Credits)
- ☐ Diploma (32 Credits)
- ☐ Certificate - Less than 1 Year (12-14 Credits)
- ☐ Transfer
- ☐ Course Only
- ☐ Option 7

39. Do you plan on transferring to another institution? If yes, where?

40. Are you Pell Grant Eligible? *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Don't Know

GRANT FUNDED STUDENT'S AUTHORIZATION TO DISCLOSE INFORMATION FROM EDUCATION RECORDS

The purpose of this form is to allow Central Community College to gather certain demographic and educational data related to participation in the N-PACE Grant for aggregate reporting to the U.S.

Department of Labor. The data will enable analysis of participants and will be masked to hide identifying characteristics. No data that would identify individual participants will be shared.

I understand that my educational records are protected by the Family Educational Rights and Privacy Act of 1974. Central Community College endorses compliance with EEO guidelines and adherence to affirmative action principles. Any disclosure of student information outside of the educational institution must be with prior written consent of the student. I hereby consent to the disclosure of the following education records pertaining to me to the persons and for the purposes as stated below:

41. Checking boxes indicates "I authorize". *

Check all that apply.

- ☐ I hereby authorize the following officials to disclose my educational records: College officials and/or faculty members teaching courses for which I am currently (or was) enrolled:
- ☐ I hereby authorize the disclosure of the following: Demographic or contact information, including my social security number and other personally identifiable information.
- ☐ I hereby authorize the disclosure of the following: Employment status
- ☐ I hereby authorize the disclosure of the following: Financial information, including financial aid, student account balance, and Veterans benefits
- ☐ I hereby authorize the disclosure of the following: Academic records including placement test records, class schedule, grades, attendance, and any information regarding my academic progress prior to the final determination of grades
- ☐ I hereby authorize the above listed information be disclosed to the following person(s): Applicable grant funders, educational institutions, fiscal administrators of grant programs, and individuals compiling information for the purposes of demonstrating compliance with grant outcomes and reporting.
- ☐ I hereby authorize the release of information for the following purposes: To monitor, assist and determine eligibility for grant-funded programs.
- ☐ I hereby authorize the release of information for the following purposes: To monitor and assist with respect to retention and student support needs related to programs within Student and Career Services.
- ☐ I hereby authorize the release of information for the following purposes: For reporting requirements of specific grant programs; as well as for statistical analysis of grant outcomes.
- ☐ I hereby authorize the release of information for the following purposes: To monitor and assist with graduate placement needs and employment outcome tracking.
- ☐ I understand further that: Such records may be disclosed only on the condition that the party to whom the information is disclosed will not re-disclose the information to any other party without my written consent unless specifically allowed by law.
- ☐ I understand further that: I have the right to not consent to the release of my educational records for these purposes only by initialing the box below.
- ☐ I understand further that: This authorization remains in effect unless revoked by me in writing.

42. Print your name and the date here: *

By signing this form, I certify that I agree to the disclosure of the records referenced above. This authorization and consent by me is valid for the life of the grant reporting period or until I revoke it in writing.

43. Signature

Check all that apply.

☐ Checking this checkbox indicates your signing this document.

44. OPTING OUT

Check all that apply.

☐ I am opting out of signing this form and understand that I may not be eligible to receive grant-funded educational assistance because of this decision.¹

45. If checking the above box about opting out, please put your Initials and the Date here

Creative Commons Attribution 4.0 International License.

Unless otherwise noted, this work by the N-PACE is licensed under the Creative Commons Attribution 4.0 International License. To view a copy of this license, visit <http://creativecommons.org/licenses/by/4.0/>. This product was funded by a grant awarded by the U.S. Department of Labor's Employment and Training Administration. The product was created by the grantee and does not necessarily reflect the official position of the U.S. Department of Labor. The Department of Labor makes no guarantees, warranties, or assurances of any kind, express or implied, with respect to such information, including any information on linked sites and including, but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability, or ownership.

☐ Send me a copy of my responses.

Powered by

