

# Parent Pathways at IUP Program Application

Date of Application \_\_\_\_\_ Please Check One: New Applicant \_\_\_ Returning Applicant \_\_\_

Applicant First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Are you a Veteran or Military Member: Yes \_\_\_ No \_\_\_ Male \_\_\_ Female \_\_\_

University Email \_\_\_\_\_ Personal Email (non-university account) \_\_\_\_\_

Preferred Phone # \_\_\_\_\_ Additional Phone # \_\_\_\_\_

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Expected Graduation Date: Fall \_\_\_ Spring \_\_\_ Winter \_\_\_ Summer \_\_\_ Year \_\_\_\_\_

Have you completed a FAFSA form? Yes \_\_\_ No \_\_\_ Are you receiving a Pell Grant? Yes \_\_\_ No \_\_\_

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Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, average hours worked per week \_\_\_\_\_

Relationship Status: Married \_\_\_\_\_ In a Relationship \_\_\_\_\_ Single \_\_\_\_\_

Spouse/Partner First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Is your spouse/partner a veteran/military member? Yes \_\_\_\_\_ No \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Is your spouse/partner enrolled in school? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you receive any of the following: WIC \_\_\_\_\_ TANF \_\_\_\_\_ SNAP \_\_\_\_\_ Medicaid \_\_\_\_\_ CHIP \_\_\_\_\_

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To receive the Parent Pathways, grant assistance for childcare services, ALL recipients must complete all program requirements within the contract year in order to continue receiving services.

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