

Gap Assistance Application

Directions: Please answer all questions completely and legibly. Failure to do so may impact the timeliness for processing your application.

Participant Information				
Last Name		First Name		Middle Initial
Previous/Maiden Name		Birth Date (mm/dd/yyyy)		Email Address
Home Address		City		State
Home Phone Number		Cell Phone Number		Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide written statement.</i>		Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide written statement.</i>		
Race/Ethnicity: Please check only one. <input type="checkbox"/> White (non-Hispanic) <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Black (non-Hispanic) <input type="checkbox"/> Two or More Races		Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you a qualified alien under the federal Immigration and Nationality Act? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter your alien number _____		
Are you a Nebraska resident as provided in Nev. Rev. Stat. § 85-502? <input type="checkbox"/> Yes <input type="checkbox"/> No		And you agree to provide a copy of your USCIS documentation upon request.		
What type of employment are you seeking? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		When are you available to attend training? <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Both		
Education				
Have you received your high school diploma? <input type="checkbox"/> Yes, date received _____ <input type="checkbox"/> No		If <u>no</u> , did you receive your GED®? <input type="checkbox"/> Yes, date received _____ <input type="checkbox"/> No		
High school attended		City		State
Have you attended college or any training programs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the following information				
Institution Name	Dates Attended	Major Area of Study	Degree or Certificate	Date Earned or Anticipated
Are you currently receiving funding for education from any other source or organization? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you enrolled in a Gap Assistance program at another Nebraska community college? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employment				
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you currently receiving unemployment insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please list all jobs, activities, and other experiences including volunteer work, part-time employment, military service, and self-employment for the past five years, beginning with your most recent position first. (You may attach additional sheets of paper if necessary.)				
Employer (present or most recent)	Employer Phone Number		Address	
Job Title	Supervisor Name/Title		Start Date	End Date
Description of Duties			Pay _____ per _____ Reason for Leaving	
Employer (present or most recent)	Employer Phone Number		Address	
Job Title	Supervisor Name/Title		Start Date	End Date
Description of Duties			Pay _____ per _____ Reason for Leaving	

Employer (present or most recent)		Employer Phone Number		Address	
Job Title		Supervisor Name/Title		Start Date	End Date
Description of Duties				Pay _____ per _____ Reason for Leaving _____	
Income Qualification – Total Household Gross Income					
List yourself, and your spouse if applicable, then income each person earns in whole dollars.	Earnings from Work Before Deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement, & All Other Income
	Income	How Often	Income	How Often	Income How Often
<i>You</i>					
<i>Your spouse</i>					
<div>Office Use Only:</div>					
Program Interests and Desired Outcomes					
What training program are you interested in? (List program name)					
Please describe your financial need and why you are requesting GAP assistance?					
What are your expectations and goals for next year?					
Why should you be awarded this assistance?					
Your Responsibilities as a Gap Program Participant					
<input type="radio"/> Maintain regular contact with faculty of your program; <input type="radio"/> Sign any necessary releases to provide relevant information to college faculty or case managers, if applicable; <input type="radio"/> Discuss with faculty of your program any issues that may affect your ability to complete the program and obtain and maintain employment; <input type="radio"/> Attend all required courses regularly; <input type="radio"/> Meet with faculty of your program to develop a job-search plan; and <input type="radio"/> Complete surveying when requested by your college. <i>Your college may terminate your Gap assistance if you fail to uphold these responsibilities.</i>					
Signature and Understanding					
<input type="radio"/> I certify (promise) that all information on this application is true and correct. I understand that this information may be verified. I also understand that I may be asked to provide documentation to support information provided on this portion of the Nebraska Community College Assistance Application. <input type="radio"/> I understand that eligibility for Gap tuition assistance shall not be construed to guarantee enrollment in any Gap program. <input type="radio"/> I understand this application is valid for six months from the date of signature on this application and that I cannot receive Gap assistance for more than one program. <input type="radio"/> I understand that if it is determined that funding for my participation in this program is available from any other public or private funding source, my application will be denied. <input type="radio"/> I am aware that if I purposely give false information, I may lose my Gap assistance and I may be prosecuted under any applicable State and Federal laws. <input type="radio"/> I grant permission to Northeast Community College to release information about my participation in the Gap program to the Nebraska Postsecondary Coordinating Commission.					
Print Name		Signature			Date