

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	Social Security No.	
Previous/Maiden Name	Birth Date (mm/dd/yyyy)	Email Address		
Home Address	City	State	Zip	
Home Phone Number	Cell Phone Number	Do you have a valid driver's license? Yes No		
Have you been convicted of a misdemeanor? Yes No <i>If yes, provide written statement.</i>		Have you been convicted of a felony? Yes No <i>If yes, provide written statement.</i>		
Race/Ethnicity: Please check only one. White (non-Hispanic) Asian or Pacific Islander Hispanic Native American Black (non-Hispanic) Two or More Races		Are you a citizen of the United States? Yes No If no, are you a qualified alien under the federal Immigration and Nationality Act? Yes No If yes, enter your immigration status and alien number _____		
Are you a Nebraska resident as provided in Nev. Rev. Stat. § 85-502? Yes No		And you agree to provide a copy of your USCIS documentation upon request.		
What type of employment are you seeking? Full-time Part-time		When are you available to attend training? Day Night Both		
Education				
Have you received your high school diploma? Yes, date received _____ No		If <u>no</u> , did you receive your GED®? Yes, date received _____ No		
High school attended	City	State		
Have you attended college or any training programs? Yes 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? Yes No				
Employment				
Are you currently employed? Yes No		Are you currently receiving unemployment insurance? Yes No		
Do you have a current and up-to-date resume? (Please attach a copy.) Yes 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 dollar and how often. Blank or "0" in the income field indicates no income.

Name	Earnings from Work Before Deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement, & All Other Income	
	Income	How Often	Income	How Often	Income	How Often

Office Use Only:

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

- Maintain regular contact with faculty of your program;
- Sign any necessary releases to provide relevant information to college faculty or case managers, if applicable;
- Discuss with faculty of your program any issues that may affect your ability to complete the program and obtain and maintain employment;
- Attend all required courses regularly;
- Meet with faculty of your program to develop a job-search plan; and
- Complete surveying when requested by your college.

Your college may terminate your Gap assistance if you fail to uphold these responsibilities.

Signature and Understanding

- 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.
- I understand that eligibility for Gap tuition assistance shall not be construed to guarantee enrollment in any Gap program.
- 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.
- 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.
- 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.
- 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
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