



Central Community College – Gap Assistance Application

General Information

Full Name (Last, First, Middle Initial): _____

Address: _____ Gender: Male Female

City, Zip: _____ Cell Phone: _____

Email: _____ Date of Birth (MM/DD/YY): _____

Race/Ethnicity (select one)

White (non-Hispanic)

Asian or Pacific Islander

Hispanic

Native American

Black (non-Hispanic)

Two or More Races

Citizenship and Immigration Status

Have you lived in the State of Nebraska for the last 6 months? Yes No

Are you a citizen of the United States? Yes No

If no, enter your immigration status alien number and you agree to provide a copy of your USCIS documentation upon request.

Copy in File: Yes No

Office Use Only:

Income Qualification – Total Family Income

Below, list yourself, and your spouse if applicable, the income each person earns in whole dollars and how often. A blank or "0" entry in the income field indicates no income. ***Please provide your most recent tax return and your most recent paystub.***

Earnings from work before deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement, and All Other Income	
Income	How Often	Income	How Often	Income	How Often

For CCGAP, the definition of public assistance includes only the following nonmeans-tested government cash transfers: social security payments (not SSI though), unemployment compensation, workers' compensation, nonmeans-tested veterans' payments, U.S. railroad retirement, Black lung payments, and Pell Grants.

Education

High School Diploma? Yes No

Previous College Experience? Yes No Program of Study: _____

Diploma/Degree Attained? Yes No

Employment History

Current Employment: _____

Position: _____ Dates of Employment: _____

Goals

Gap Training Topic(s) I am interested in: _____

What are your short-term goals (within the next 12 months): _____

What are your long-term goals (2-3 years): _____

What do you need or need to do to accomplish these goals? _____

What barriers could prevent you from accomplishing these goals? _____

What is the best way to reach you? (Cell phone, business phone, email) _____

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.

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

Gap Program of Study

Course Name:	Hours:

Signature and Understandings:

I certify (promise) that all information on this application is true and correct and that all income is reported. I understand that this information may be verified. I also understand my citizenship information provided may be used to verify my lawful presence in the United States.

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.

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Cancellation Policy: Once approved for this Gap training, I understand that I must provide a notice of cancellation at least 10 days prior to the class or it will result in charging the Gap program and you forfeiting your opportunity to participate in any other Gap funded programs. I also understand those courses will be listed on my permanent college record as a "No Pass."

Have you enrolled in a Gap Assistance program at another Nebraska community college?

Yes No

Will you be claimed on someone else's income taxes? Yes No

Print Name: _____

Signature: _____ Date: _____

CCC Staff Signature: _____ Date: _____