



# Central Community College Gap Assistance Application

**General Information:**

Name (Last, First, Middle Initial):

Address: Gender:  
 Male     Female

City: State: Zip Code:

Telephone: Cell Phone:

Email address: DOB (MM/DD/YY):

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 resident of Nebraska as provided in Nev. Rev. Stat. § 85-502?     Yes    No

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 \_\_\_\_\_  
and you agree to provide a copy of your USCIS documentation upon request.

Copy in File:    Yes     No

**Income Qualification - Total Family Income:**

Family Names	Gross Income and How Often it was Received					
List yourself, and your spouse if applicable, the income each person earns in whole dollars & how often. A blank or "0" entry in the income field indicates no income. <b><i>Please provide your most recent tax return and your most recent paystub .</i></b>	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.*

**Office Use Only:**

**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?)

**Office Use Only:**

**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 an 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.

The undersigned grants permission for photos, video, audio, or other images or voice or audio of them taken or recorded on the date below by Central Community College to be used in print, broadcasting and other forms of advertising; brochures, newsletters and other college publications; on the Central Community College Web site; in audiovisual presentations; and in other activities to promote the college and inform the public about the college. These photos, video or other images or recordings may be used by the college without payment of fees, royalties or other remuneration.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ CCC Staff Signature

\_\_\_\_\_ Date

**Office Use Only:**

Documentation Required:

Employment Pay Stub

Tax Returns