

Nebraska's Community College Gap Assistance Program

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| General Information | | |
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| Name (Last, First, Middle Initial): | | |
|-------------------------------------|--|--|

| | |
|----------|--|
| Address: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> 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.

| | | | | | | |
|---|--|--|--|--|--|--|
| Income Qualification - Total Family Income | | | | | | |
|---|--|--|--|--|--|--|

| Family Names 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. | Gross Income and How Often it was Received | | | | | |
|--|--|-----------|---|-----------|---|-----------|
| | 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 |
| | | | | | | |
| | | | | | | |

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|-------------------------|--|
| Office Use Only: | |
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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 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 my application will be denied if there is other funding that will entirely pay for my participation in this Gap program.

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.

Print name: _____

Signature: _____

Date: _____

Office Use Only:

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