

Mid-Plains Community College GAP Assistance Application

Directions: Please answer all questions completely and legibly. Failure to do so may Impact the timeliness of application process. Send Completed applications to: MPCC GAP Program, ATTN: BCE, 1205 E 3rd St, McCook, NE 69001.

Participant Information						
Last Name	First I	First Name		Middle Initial	Social Security No.	
Previous/Maiden Name	Birth	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 l	icense?	O Yes	^O No			
Have you been convicted of a misdemeanor? • Yes (If yes, provide a written statement) • No			Have you been convicted of a felony? • Yes (If yes, provide a written statement) • No			
Race/Ethnicity: Please check only one. • White (non-Hispanic) • Hispanic • Native American • Black (non-Hispanic) • Asian or Pacific Islander • Two or More Races Are you a Nebraska resident as provided in Neb. 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: O AND agree to provide a copy of your USCIS documentation upon request. When are you available to attending training? Day Night If no, did you receive your GED?			
^O Yes ^O No			 Yes, date received No 			
High School Attended			City/State			
Have you attended college o ^O Yes (If yes, please co	-			^O No		
Institution Name	Dates Attended	Major	Area of udy	Degree or Certificate	Date Earned or Anticipated	

Employment						
Are you currently employe	ed? ^O Y€	s ^O No		Are you currently	/ receiving	^O Yes
				unemployment i		^O No
Do you have a current and up-to-date resume? O Yes (Please attach a copy) O No						
Please list all jobs, activitie						
military service, and self-e					your most r	ecent
position first. (You may at Employer (present or mos					c City State	/7:0
Employer (present or mos	t recent)	Employer Ph	ione #	Employer Addres	s-city-state,	ZIP
Job Title	Sup	ervisor's Name	/Title	Start Date	E	nd Date
Description of Duties				pe	r	
			Reason for Leaving:			
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Employer (present or mos	t recent)	Employer Ph	ione #	Employer Addres	s-city-state	/ZIP
Job Title	Sup	ervisor's Name	/Title	Start Date	E	nd Date
Description of Duties			Pay \$per			
			Reasc	on for Leaving:		
Employer (precent or mee	+ rocont)	Employer Dh	000 #	Employer Addres	City State	/7:0
Employer (present or most recent) Employer Pho			ione #	Employer Addres	s-city-state	ZIP
Job Title	Sup	ervisor's Name	/Title	Start Date	E	nd Date
			-			
Description of Duties			Pay \$per			
			Reason for Leaving:			
Income Qualifications To		held Crees las				
Income Qualifications – To List yourself, and your spo				ach nerson earns i	n whole doll	ar and how
often. Place a "0" to indica			come e			
	Earnings from Work		Public Assistance, Child		Pensions, Retirement &	
	Before Deductions		Support, Alimony		All Other	
Name	Income	How Often	Incom	ne How Often	Income	How Often
Office Use Only						
Office use Offiy						

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,
- o 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 MPCC GAP 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 certify (promise) that I have not received GAP assistance from any other community college in the State of Nebraska.
- 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 Mid-Plains Community College to release information about my participation in the GAP program to the Nebraska Postsecondary Coordinating Commission.

Print Name	Signature	Date		



MPCC Gap Application Checklist

To Apply for GAP funding, the student needs to:

- Complete the GAP Application and submit required documentation:
 - A copy of last year's tax return (the entire document),
 - A copy of your last pay stub (if living with a spouse, the spouse's pay stub is also needed),
 - Written verification for any additional income you may have (as listed on application).
- Be a resident of the State of Nebraska,
- Be legally eligible to work in the US,
- Have a GED or High School Diploma (some classes allow a high school student to attend),
- o Have never received GAP funding from this or another Community College,
- \circ $\;$ Not have other financial aid for college tuition and fees,
- Meeting income qualifications.

2021 GAP Income Guidelines for January 1 through December 31, 2021			
# People in Family Unit	Maximum Family \$ Income		
1	\$ 32,200		
2	\$ 43,550		
3	\$ 54,900		
4	\$ 66,250		
5	\$ 77,600		
6	\$ 88 <i>,</i> 950		
7	\$100,300		
8	\$111,650		
If family size is greater than 8, add \$4,480 for each			
additional person.			

*When all paperwork has been submitted, a determination of eligibility will be made, and the student will be informed of qualification status.

Questions and/or GAP applications may be directed to:

Sharon Kircher, MPCC GAP Coordinator 1205 East 3rd Street McCook, NE 69001 308-345-8123 kirchers@mpcc.edu