

Gap Application Packet

The Metropolitan Community College Gap Assistance Program provides need-based tuition assistance for approved short-term programs that are in high-need fields. Gap assistance may be right for you if you are unemployed or underemployed and seeking full-time employment or if you desire career advancement by upskilling. Gap may cover full or partial amounts of tuition, required textbooks, equipment, and fees, including industry testing. A diverse list of programs can be found online at www.mccneb.edu/gap

Eligibility criteria: to be eligible for Gap funding you must:

- Be a Nebraska resident
- Be a US Citizen or Legal Resident
- Have a family income at or below 250% of federal income guidelines
- Have the ability to be accepted into and complete your program of choice
- Have the ability to obtain and maintain full-time employment upon training completion
- Commit to attending all components of the entire training program
- Be willing to work with MCC Staff and report employment data upon program completion
- Have no other tuition assistance or funding source available

Application Process:

- Sign up to attend a Workforce Information Session at: www.bit.ly/CWEWorkforceInfo
- Complete the 4-page Gap application packet
- Gather and submit verification documents:
 - State-issued photo ID or Driver's License
 - Most recent years' tax documents (not W-2s)
 - 2 most recent paycheck stubs for self and spouse (if applicable), paycheck stubs from previous employers if within the same year
 - Verification of other sources of income to include public assistance, child support, alimony, social security payments, unemployment compensation, workers' compensation, etc...
 - Green card, if applicable
 - Resume, if available
- Schedule an intake with one of our Career Skills Coaches
- Complete the National Career Readiness Certification

2024 Income Guidelines			
Household Family Size	*Approx. Hourly Wage	Approx. Monthly Earnings	Approx. Annual Earnings
1 <input type="checkbox"/>	\$18.10	\$3,137.50	\$37,650
2 <input type="checkbox"/>	\$24.56	\$4,258.32	\$51,100
3 <input type="checkbox"/>	\$31.06	\$5,385.41	\$64,625
4 <input type="checkbox"/>	\$37.50	\$6,500.00	\$78,000
5 <input type="checkbox"/>	\$43.96	\$7,620.83	\$91,450
6 <input type="checkbox"/>	\$50.43	\$8,741.66	\$104,900
7 <input type="checkbox"/>	\$56.89	\$9,862.50	\$118,350
8 <input type="checkbox"/>	\$63.36	\$10,983.33	\$131,800
Add \$5,380 for each additional member *Based on 52 weeks/year and a 40-hour workweek			

If you have any questions or concerns, please feel free to contact Alex Lovrien at allovrien@mccneb.edu or (531) 622-2110.



Workforce Innovation Division GAP Assistance Application

Student Information

Last Name		First Name		MI	Previous/Maiden Name
Date of Birth (MM/DD/YYYY)	Current Age	Social Security Number	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		MCC Student ID#
Street Address	City, State, Zip Code	Phone Number	Email Address		
Race/Ethnicity: Please check only one <input type="checkbox"/> White (non-Hispanic) <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other: _____ <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Black (non-Hispanic) <input type="checkbox"/> Two or More Races				Military Status <input type="checkbox"/> Active Military <input type="checkbox"/> Veteran <input type="checkbox"/> N/A	
Are you a Nebraska resident as provided in Neb. Rev. Stat 85-502? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you lived in Nebraska six-months or longer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If no, are you a qualified alien under the federal immigration and Nationality Act? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, enter your immigration status and number: _____					
<input type="checkbox"/> By checking this box, you agree to provide a copy of your USCIS documentation					
What type of employment are you seeking? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time					
When are you available to attend training? <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Both					
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you been convicted of a misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you enrolled in any other Gap program at another Nebraska Community College? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Education

Have you received your high school diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes , Date Received: _____ High School Attended _____ City/State _____				
If no , did you receive your GED? Yes –Date Received: _____ No				
Have you attended college or any training programs? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Employment Please list all jobs and other experiences including volunteer work, part time employment, military service, and self employment, beginning with your most recent.

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you currently receiving unemployment insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have a current and up-to-date resume? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employer (present or most recent)		Employer Phone Number		Address
Job Title	Supervisor Name/Title	Start Date	End Date	Hours per week
Description of duties			Pay \$ _____ per _____	Reason for leaving

Employer		Employer Phone Number		Address	
Job Title	Supervisor Name/Title	Start Date	End Date	Hours per week	
Description of duties				Pay \$ _____ per _____ Reason for leaving	

Income Qualification Total Household Gross Income

List yourself, and your spouse if applicable, then list the income each person earns in whole dollars & how often. Blank or "0" in the income field indicates no income.	Earnings from Work before deductions		Public Assistance, Child Support, Alimony <small>Note: For CCGAP, this includes only the following: social security payments (not SSI), unemployment compensation, workers' compensation, veterans' payments, U.S. railroad retirement, Black Lung payments and Pell Grants.</small>		Pensions, Retirement and All Other Income	
	Amount	How Often	Amount	How Often	Amount	How Often

Program Interests & 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 *If you fail to uphold these responsibilities, MCC may terminate your GAP assistance. By initialing each box you indicate you understand your responsibilities.*

Maintain regular contact with faculty and staff of your program

Sign any necessary releases to provide relevant information to college faculty or case managers, if applicable;

Discuss with faculty and/or staff 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 and staff of your program to develop a job-search plan; and

Complete surveying when requested by your college.

Signature and Understanding *Initial each box.*

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 Metropolitan Community College to release information about my participation in the Gap Assistance Program to the Nebraska Postsecondary Coordinating Commission.

Print Name: _____ Signature: _____ Date: _____




United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

<p>I am a citizen of the United States.</p> <p style="text-align: center;">— OR —</p> <p>I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____, and I agree to provide a copy of my USCIS documentation upon request.</p>
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I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME	_____
	(first, middle, last)
SIGNATURE	_____ 
DATE	_____



METROPOLITAN
Community College

CONSENT AND RELEASE FORM

I HEREBY GIVE MY CONSENT FOR Metropolitan Community College or its agency to use my name, likeness, photograph and/or comments. I understand these will be used exclusively for the College without compensation, be it publications, advertising, television, film, radio, Internet or other appropriate communication or educational media.

I sign this of my own free will.

Name (please print) _____

Date _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Signature _____

 SIGN HERE