

Directions: Please answer all questions completely and legibly. Failure to do so may impact the timeliness for processing your application.

Please return your completed application to **Jack J. Huck Continuing Education Center, 301 S. 68th St. Place, Lincoln, NE 68510**, or email to **hbloomquist@southeast.edu**. If you have any questions regarding the application, please call 402-323-3394 or email **hbloomquist@southeast.edu**.

Participant Information				
Last Name		First Name		Middle Initial
Previous/Maiden Name		Birth Date (mm/dd/yyyy) ____/____/____	Email Address	
Home Address			City	State
Home Phone Number			Cell Phone Number	Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
Race/Ethnicity: Please check only one. <input type="checkbox"/> White (non-Hispanic) <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Black (non-Hispanic) <input type="checkbox"/> Two or More Races		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		
Are you a Nebraska resident as provided in Nev. Rev. Stat. § 85-502? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, enter your immigration status and alien number _____ And you agree to provide a copy of your USCIS documentation upon request.		
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	
Education				
Have you received your high school diploma? <input type="checkbox"/> Yes, date received _____ <input type="checkbox"/> No			If no, did you receive your GED®? <input type="checkbox"/> Yes, date received _____ <input type="checkbox"/> No	
High School Attended: _____ City: _____ State: _____				
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				
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 résumé? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please list all jobs, activities and other experiences, including volunteer work, part-time employment, military service, and self-employment for the past five years, beginning with your most recent position first. (You may attach additional sheets of paper if necessary.)				
Employer (present or most recent)		Employer Phone Number		Address
Job Title	Supervisor Name/Title		Start Date	End Date
Description of Duties			Pay _____ per _____ Reason for Leaving	

Employer		Employer Phone Number		Address	
Job Title		Supervisor Name/Title		Start Date	End Date
Description of Duties			Pay _____ per _____		
			Reason for Leaving		
Employer		Employer Phone Number		Address	
Job Title		Supervisor Name/Title		Start Date	End Date
Description of Duties			Pay _____ per _____		
			Reason for Leaving		

Income Qualification – Total Household Gross Income

List yourself, and your spouse if applicable, then income each person earns in whole dollar and how often. Blank or "0" in the income field indicates no income.	Earnings from Work Before Deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement, & All Other Income	
	Income	How Often	Income	How Often	Income	How Often

Program Interest & 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?

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

Print Name	Signature	Date
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CE Staff Signature	Date
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