

Central Community College Gap Assistance Application

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

Address:		Gender:		
City:	State:	† Male Zip Code:	† Female	
Telephone:	Cell Phone:			
Email address:		DOB (MM/DD/YY):		
Race/Ethnicity : please check only one † White (non-Hispanic)† Asian or Pacific Island e r Hispanic † Native American				
Are you a citizen of the United States?				

If no, are you a qualified alien under the federal Immigration and Nationality Act?

Copy in Filees	S

Family Names

Gross Income and How Often it was Received

Earnings from Work before deductions

Public Assistance, Child Support, Alimony

How often

Office Use Only:

Gap Program of Study:		
Course Name:		Hours:
Signature and Understandings:		
I certify (promise) that all information on this application is true and corre understand that this information may be verified. I also understand my ci used to verify my lawful presence in the United States.		•
I understand that eligibility for Gap tuition assistance shall not be construprogram.	ied to guarar	ntee enrollment in ar
I understand this application is valid for six months from the date of signal cannot receive Gap assistance for more than one program.	ature on this	application and that
I understand that if it is determined that funding for my participation in thi public or private funding source my application will be denied.	s program is	available from any
I am aware that if I purposely give false information I may lose my Gap a any applicable State and Federal laws.	ssistance an	d I may be prosecut
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Cancellation Policy: Once approved for this GAP Training I understand to cancellation at least 10 days prior to the class or it will result in charging opportunity to participate in any other GAP funded programs. I also und my permanent college record as a "No Pass."	the GAP pro	gram and you forfeit
Have you enrolled in a Gap Assistance program at another Nebraska co	mmunity coll	ege? Yes
Will you be claimed on someone else's income taxes? Yes	No	
Print name:		
Signature: Date:		
CCC Staff Signature		Date
Office Use Only: Documentation Required: † Employment Pay Stub † Tax Returns		