



## Western Nebraska Community College

### Workforce Development Financial Aid Application

STUDENT INFORMATION			
Program of Study (CDL, BNA, etc.): _____			
Name: _____			
Last		First	Middle Initial
Address: _____			
Street or P.O. Box		Apt #	Male <input type="radio"/> Female <input type="radio"/>
			Sex
City		State	Zip
			Single <input type="radio"/> Married <input type="radio"/>
			Marital Status
Date of Birth: _____		SSN: _____	
(MM/DD/YYYY)			
Cell Ph #: _____ Home Ph #: _____ Work Ph #: _____			
Email: _____ Do you check this email weekly? Yes <input type="radio"/> No <input type="radio"/>			
Race/Ethnicity (Please check only one)			
White (non-Hispanic) <input type="radio"/> Asian or Pacific Islander <input type="radio"/> Hispanic <input type="radio"/>			
Native American <input type="radio"/> Black (non-Hispanic) <input type="radio"/> Two or More Races <input type="radio"/>			
Have you been a resident of Nebraska for the past 6 months as provided in Nev. Rev. Stat. § 85-502?			
Yes <input type="radio"/> No <input type="radio"/>			
Are you a citizen of the United States?			
Yes <input type="radio"/> No <input type="radio"/>			
If no, are you a qualified alien under the federal Immigration and Nationality Act?			
Yes <input type="radio"/> No <input type="radio"/>			
If yes, enter your immigration status and alien # _____			
And you agree to provide a copy of your USCIS documentation upon request.			



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### EDUCATION HISTORY

High School Diploma: Yes ☐ No ☐ If yes, school name: \_\_\_\_\_

GED or Equivalent: Yes ☐ No ☐ If yes, date earned: \_\_\_\_\_

Have you previously attended any post-secondary school, such as a college, university, or trade school? Yes ☐ No ☐

If yes, please list below all schools you have attended, dates attended (years), major, and degrees or certificates you earned.

Name of School Attended	Dates Attended	Major/Program of Study	Degree or Certificate
Name of School Attended	Dates Attended	Major/Program of Study	Degree or Certificate
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Please request official transcripts from all colleges and tech schools to be sent to the WNCC Registrar at [registrar@wncc.edu](mailto:registrar@wncc.edu). Include WNCC in the list of colleges attended if you have attended WNCC for credit or non-credit workforce training programs. (This does not include fun or enrichment classes like summer camps, painting for fun, etc.)



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### EMPLOYMENT HISTORY

Applicant's Current Employment Status ☐ Employed ☐ Unemployed

Spouse's Current Employment Status (if applicable) ☐ Employed ☐ Unemployed

Spouse's Current Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

#### Please document the applicant's most recent work history:

**Current Employer:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

**Responsibilities:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Responsibilities:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Responsibilities:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Responsibilities:** \_\_\_\_\_

#### Farm or Ranch Work Questions

Have you, the applicant, done farm work in the past 24 months for compensation?

Yes ☐ No ☐

Did the work and compensation represent 50% of your income for at least 12 months?

Yes ☐ No ☐



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### APPLICANT INCOME

INSTRUCTIONS: Please list yourself and your spouse's name (if applicable) on the chart below. For each person, list the **GROSS** in person earns in **WHOLE** dollars (no cents), and how often the income is earned. For example: Gross pay is \$1,400 every two weeks. (Gross pay is the total amount of money an employee earns before any deductions or taxes are taken out.) A foster child's personal use income must be listed.

### REQUIRED DOCUMENTS

To be eligible for Gap Funds, the applicant must provide the following documents:

#### Applicant Documents

- Two (2) recent pay stubs ☐
- Recent tax return ☐
- I do not have a recent tax return ☐
- Proof of other income sources ☐

#### Spouse Documents (If applicable)

- Two (2) recent pay stubs ☐
- Proof of other income sources ☐

Number of people in household (applicant, spouse, and children, if applicable):

### Gross Income and How Often It Is Received

First and Last Name(s)	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

### GAP FUNDING STUDENT RESPONSIBILITIES

- 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. Respond to emails/calls.**

***Your college may terminate your Gap assistance if you fail to uphold these responsibilities.***



## CERTIFYING STATEMENTS AND UNDERSTANDINGS

### Nebraska Career Scholarship Certifying Statements

Nebraska Career Scholarship funding is limited, and awards will be made on a first-come, first-serve basis to qualifying students. WNCC program size restrictions will be enforced.

I hereby certify that all the information on this application is true and complete to the best of my knowledge. I agree that, if asked, I will provide evidence that will verify the accuracy of this form. I also agree that the information provided on this application can be shared with the Coordinating Commission for Post Secondary Education for verification and reporting purposes.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## GAP FUNDING 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 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.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

### NOTICE: US Department of Labor Rural Nebraska Increased Access to Truck Driving CDL Program

Financial assistance is available from the U.S. Department of Labor Rural Nebraska Increased Access to Truck Driving CDL program. The Rural Nebraska Increased Access to Truck Driving CDL program is 100% funded by the U.S. Department of Labor through an award totaling \$511,500.



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**GAP APPLICATION INTERVIEW QUESTIONS – COMPLETED BY APPLICANT AND WNCC**

**1. Discuss your reasons for taking your program of study:**

**2. What barriers could prevent you from accomplishing these goals? (Childcare, transportation, work, ability to find employment after completion, etc.)**

**3. Have you reviewed the job duties for the career you are looking to receive training for? If so, can you explain the job here:**

**4. Are you aware of the job market in the area and the pay rates for your selected career? Please list one job opening and the pay.**

**5. If you are currently employed, will your wages increase as a result of your program of study?**

\_\_\_\_\_  
WNCC Interviewer (Print)

\_\_\_\_\_  
WNCC Interviewer (Signature)

\_\_\_\_\_  
Date