



GAP/PACE Application

Student ID (if applicable): _____ Social Security Number: _____

Last Name _____ First Name _____ Middle Initial _____

Date of Birth ____ - ____ - _____

Mailing Address

Physical Address (if different than mailing address)

Street Address/PO Box

Street Address

City/State/Zip Code

City/State/Zip Code

County of Residence _____

Phone Number ____ - ____ - _____

Email _____

Emergency Contact _____

Emergency Contact Phone ____ - ____ - _____

How did you hear about our program? _____

I identify my gender as: _____

Race (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Pacific Islander / Native Hawaiian |
| <input type="checkbox"/> Asian / Asian American | <input type="checkbox"/> Multiracial |
| <input type="checkbox"/> Black / African American | <input type="checkbox"/> Unknown / Undeclared |
| <input type="checkbox"/> Native American / Alaskan Native | |

Ethnicity: Hispanic / Latino Yes No Undeclared

Native language (if other than English) _____

Citizenship

Are you a citizen of the United States? Yes No

If, no, are you authorized to work in the United States? Yes No

Are you registered for selective service (if male, 18 years or older) Yes No

Veteran Information

Are you a veteran, current, or former member of the U.S. Armed Forces? Yes No

Are you a spouse or a child of a veteran? Yes No

Household

Are you legally: Single Married Separated

I attest that I have a family size of ____ people. I understand that "family" means two or more persons related by blood, marriage, or decree of court, who are living in a single residence.

How many children can you legally claim on your tax return? _____

Can anyone claim you as a dependent on their tax return? Yes No

If you have questions about where to submit this form, please call Iowa Valley at 641-752-4645.

Income Information

List all sources of monthly gross income received from all household family members related by blood, marriage or decree of court living with you.

| Source | Monthly Amount | Recipient |
|------------------------------|----------------|-----------|
| Income (Self) | | |
| Income (Other Family Member) | | |
| Income (Other Family Member) | | |
| SS Disability | | |
| SS Old Age/Survivor | | |
| FIP | | |
| Child Support | | |
| Retirement/Pension | | |
| Workman's Compensation | | |
| Unemployment Benefits | | |
| Food Stamps | | |
| Other- Please Specify: | | |

Are you currently participating in, or have you recently applied for, any of the following programs?

- AARP
- American Indian Council
- Promise Jobs
- Proteus
- Veteran's Administration
- Vocational Rehabilitation
- Workforce Investment Opportunity Act

Employment Status

Which employment status describes you? Employed Part-Time Employed Full-Time Unemployed

If unemployed, what statement best describes your status?

- Collecting Unemployment Insurance
- Unemployment Insurance Benefits Exhausted
- Not Collecting Unemployment

Work History (include volunteer work, part-time, and self-employment)

| | |
|--------------------------|--------------------------|
| Employer Name _____ | Employer Name _____ |
| Job Title _____ | Job Title _____ |
| Hours per Week _____ | Hours per Week _____ |
| Wage per Hour _____ | Wage per Hours _____ |
| Start Date _____ | Start Date _____ |
| End Date _____ | End Date _____ |
| Job Duties _____ | Job Duties _____ |
| Reason for Leaving _____ | Reason for Leaving _____ |

Educational Information

Plan of Study? _____

After you complete training, do you plan to work in Iowa? Yes No Unsure

Highest level of education completed:

- Did Not Graduate
- High School Diploma
- GED/HISET
- Certification
- 1 Year College Diploma
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Doctorate

Are you currently enrolled in school? Yes No

Area of Study: _____ Name of School: _____

Have you completed a National Career Readiness Certificate (NCRC)? Yes No If so, what level? _____

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Barrier Information

Have you EVER been charged, arrested, or convicted of a misdemeanor or felony? If yes, describe the legal problem (include any pending legal actions and/or court orders) _____

Please check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Basic skills deficient | <input type="checkbox"/> Lack of health insurance/access to health care |
| <input type="checkbox"/> DACA | <input type="checkbox"/> Limited English proficiency |
| <input type="checkbox"/> Disability and/or chronic physical/mental health conditions | <input type="checkbox"/> Pregnant |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Homeless/unstable housing | <input type="checkbox"/> Poor work history |
| <input type="checkbox"/> First generation college student | <input type="checkbox"/> Refugee |
| <input type="checkbox"/> Immigrant | <input type="checkbox"/> Substance abuse (past or present) |
| <input type="checkbox"/> Lack of child care | <input type="checkbox"/> Unreliable transportation |

Signatures

I certify that the information I have provided on this application is true to the best of my knowledge. I am also aware that the information I have provided may be reviewed and verified, and that I may have to provide documents to support this information. I allow release of this information for documentation purposes.

Further, I understand that this information will be used to determine my eligibility for programs. I am aware that I am subject to immediate termination and that I may be prosecuted for fraud and/or perjury if I am found ineligible after enrollment. Also, I authorize the use of my Social Security number as an identifier for program administrative purposes.

Applicant Signature

Date

For dependents and minors:

Parent/Legal Guardian of the above applicant: I certify by my signature below that the information provided is correct to the best of my knowledge and that, if accepted, my dependent may participate in the program.

Parent/Legal Guardian Signature

Date

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