

# 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? \_\_\_\_\_

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

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

**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

*It is the policy of Iowa Valley Community College District that no individual will be excluded from participation in, denied the benefits of, or be subject to discrimination under any program or activity sponsored or conducted by the District on the basis of actual or potential parental, family or marital status; age; color; creed; gender identity; national origin; physical or mental disability; race; religion; sex; or sexual orientation as required by the Iowa Code §§ 216.6 and 216.9, Titles VI and VII of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000d and 2000e), the Equal Pay Act of 1973 (29 U.S.C. § 206, et seq.), Title IX (Educational Amendments, 20 U.S.C §§ 1681 – 1688), Section 504 (Rehabilitation Act of 1973, 29 U.S.C. § 794), and Title II of the Americans with Disabilities Act (42 U.S.C. § 12101, et seq).*

**Marshalltown Community College and Iowa Valley Grinnell** students who have questions or complaints related to compliance with this policy should contact Dr. Vincent Boyd, Education Equity Officer, at 641-844-5716 or [Vincent.Boyd@iavalley.edu](mailto:Vincent.Boyd@iavalley.edu). **Ellsworth Community College** students who have questions or complaints related to compliance with this policy should contact Honoria Balogh Estey, Education Equity Officer, at 641-648-8504 or [Honoria.Balogh@iavalley.edu](mailto:Honoria.Balogh@iavalley.edu). **Iowa Valley Business and Community Solutions students** who have questions or complaints related to compliance with this policy should contact Jacque Goodman, Education Equity Officer, at 641-844-5640 or [Jacque.Goodman@iavalley.edu](mailto:Jacque.Goodman@iavalley.edu). Complaints may also be filed with the Director of the Office for Civil Rights, U.S. Department of Education, John C. Kluczynski Federal Building, 230 S. Dearborn Street, 37th Floor, Chicago, IL 60604, telephone number: 312-730-1560, FAX number: 312-730-1576, TDD number: 800-877-8339, email: [OCR.Chicago@ed.gov](mailto:OCR.Chicago@ed.gov) and/or the Iowa Civil Rights Commission at 400 E. 14th St., Des Moines, Iowa 50319 (Ph: 800-457-4416).

*Retaliation against any individual for reporting discrimination or assisting in providing information relevant to a report of discrimination is strictly prohibited by IVCCD and constitutes a violation of this policy. (August 2019)*

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