

**GAMM, INCORPORATED TUITION ASSISTANCE
PERSONAL INFORMATION**

Today's Date _____

Name _____
(last) (first) (middle initial) (Maiden or other last Name you may have used)

Current Address _____
(Street) (City) (State) (Zip) (County)

Social Security # _____ - _____ - _____ Email Address _____

How long have you lived in your **county** of residence? _____ Years _____ Months.

Prior address _____ How long? _____
(ONLY if less than 6 mos. at current address) (Street) (City) (State) (Zip) (County)

Phone No (____) _____ Home or Cell? If Cell, Do you text? Yes___ No___

Birth date ____/____/____ Age____ Female____ Male ____
(Mo.) (Day) (Year)

Single Parent Yes ___ No ___ Marital Status: Single ___ Married___ Divorced___

Total number living in household _____ Number of Children ___ Age of each Child ____, ____, ____, ____,

Did you file a federal income tax return for the previous year? Yes ___ No___ If no, why not _____

Gross Income: _____ **Taxable** Income: _____ (may be found on line 43)

(This information must be verified by including a copy of your last year's W-2's and federal tax return)

Are you currently seeking any other financial assistance from Family Services, Vocational Rehabilitation, Veteran's Benefits, or any other agency, including food stamps?
Yes___ No___ If yes, list service type _____

Name of your case manager? _____ phone: _____

Have you ever been convicted of a felony, DUI, DWI, or prosecuted for passing a bad check?

Yes___ No___ If yes, Explain _____

Are you or any member of your immediate family engaged in farming? Yes ___ No ___

List two persons (preferably family members) who will always know how to locate you: Required information

	<u>PERSON # 1</u>	<u>PERSON # 2</u>
Full Name:	_____	_____
Relationship:	_____	_____
Address:	_____	_____
City/State/Zip:	_____	_____
Phone/type:	_____	_____
Alt. Phone:	_____	_____

How did you learn about Gamm, Incorporated? _____

Have you ever received funding from Gamm, Incorporated in the past? Yes___ No___ Year? _____

If yes, what was your full name at that time? _____
(First) (Last) (Maiden)

What was the program of study? _____ Did you complete the program? Yes___ No___

EDUCATION

High School Attended _____
(Name and Address)

Diploma Received _____ Yes _____ No _____
(Graduation Year) (if no, Last Grade Completed)

Or High School Equivalency Test (HiSet) _____
(Date Completed)

Vocational Technical School _____
(Name and Address)

Dates of Attendance _____

Program of Study _____ Certificate Or Degree Received _____

If you did not complete the program for which you were enrolled, please explain why:

Community College _____
(Name and City)

Dates of Attendance _____

Program of Study _____ Certificate or Degree Received _____

If you did not complete the program for which you were enrolled, please explain why:

Other Education _____

Dates of Attendance _____

Program of Study _____ Certificate or Degree Received _____

If you did not complete the program for which you were enrolled, please explain why:

EMPLOYMENT STATUS

Are you registered on jobs.mo.gov for job search? Yes___ No___

Are you currently employed? Yes___ No___

If no, are you receiving unemployment benefits? Yes___ No___

If yes, when will your unemployment benefits expire? _____

What are your long-term training goals? _____

If currently employed, list your employer and work status

Employer _____ Hours Per Week _____

Position _____ Rate of Pay _____

Do you intend to maintain your current employment if you receive assistance from Gamm, Incorporated and enroll in an education or training program? Yes___ No___

If yes, how many hours per week do you intend to work? _____

List additional employment history, beginning with your most recent employer:

1.	Employer _____	Hours per Week _____
	Employer's Address _____	
	Position _____	Rate of Pay _____
	From _____	To _____
	Reason for leaving _____	
2.	Employer _____	Hours per Week _____
	Employer's Address _____	
	Position _____	Rate of Pay _____
	From _____	To _____
	Reason for leaving _____	

** Please include with your application any other relevant information concerning your education or employment.

► **If you have a current resume, please add it to your application.**

APPLICATION FOR TUITION ASSISTANCE ADDITIONAL INFORMATION

Program of study _____ Full Time ___ Part Time___

Educational institution _____

Start Date _____ Anticipated Graduation Date _____

Have you completed any part of the above listed training? Yes ___ No ___

If yes, official transcripts, grades and or midterm grades from the institution must be returned with your completed application.

Please answer Yes (Y) or No (N) to the following questions:

_____ Have you ever defaulted on a student loan?

_____ I have met with the appropriate staff at the school I plan to attend and understand the school's expectations for behavior, dress, attendance, and academic performance.

_____ I am aware of all prerequisites for the course of study I plan to pursue and have met such requirements.

_____ I have readily available and reliable transportation to and from the school of my choice.

_____ I have met with the financial aid officer of the school I plan to attend and have completed the FAFSA forms.

_____ I have applied for a Pell Grant.

I have received approval for a Pell Grant of \$ _____ Amount

_____ I have applied for a student loan.

I have received approval for a student loan of \$ _____ Amount

_____ I have applied for:

_____ Temporary Assistance	Case worker	_____
_____ Food Stamps	Case worker	_____
_____ SSI	Case worker	_____
_____ Vocational Rehabilitation	Case worker	_____
_____ Workforce Investment Act (WIA)	Case worker	_____
_____ GI Bill	Case worker	_____
_____ Other	Case worker	_____

_____ If I receive a tuition award from Gamm, Incorporated, I can meet any and all other expenses, including books, tools, uniforms, and any other fees required by the institution I plan to attend.

_____ I have additional financial barriers (childcare, transportation, or living expenses) that might prevent me from completing my coursework. explain _____

My signature, verifies the above information is accurate _____ Signature



P.O. Box 49 • 103 South 3rd • LaBelle, Missouri 63447
Phone (660)213-3221 Fax (660) 213-3223

RELEASE OF INFORMATION AND CLIENT OBLIGATION

(To be completed by all applicants)

I have completed all required application forms for assistance honestly and accurately. All financial information provided through copies of my United States Individual Income Tax Return and W-2 Wage and Tax Statement is consistent with the information filed with the United States Department of the Treasury, Internal Revenue Service. I understand that completion of this application does not guarantee funding from Gamm, Incorporated.

By my signature I authorize release of any assessment information to the institution in which I am enrolled, or the employer to whom Gamm, Incorporated is providing financial assistance through a customized on-the-job training contract on my behalf. If I am receiving tuition assistance from Gamm, Incorporated, permission is also granted for release of information concerning my academic progress, grades, attendance records, financial aid, or any other pertinent information from the institution which I attend for the duration of my grant award.

If grant monies are awarded, upon completion of my training and/or education, I will provide Gamm, Incorporated with employment information including the name of my employer and wage rates. I understand that this information is confidential and will only be used by Gamm, Incorporated for overall reporting purposes.

(Signature)

(Date)

(Print name clearly)

ADDITIONAL REQUIRED INFORMATION

Name: _____

- Training Facility Site Visit Form (to be completed by training facility official, found on www.gamminc.org)
- Official Transcripts/Grades (**if** you have completed any part of your training)
- Copy** of your Federal Income Tax and W-2 Forms for previous year *
- Photo for identification**, does not have to be a photo ID, selfie or snapshot is adequate.

***A copy of your parents' Federal Income Tax Return and W-2 Forms for the previous year must also be submitted if you**

- ❖ are under 21 years of age **and** are unmarried,
- ❖ have no dependants
- ❖ are not **legally** emancipated
- ❖ **or** were claimed as a dependent on your parents' tax return for the preceding year

Email, fax or snail mail all documents, including this sheet to: gamminc@marktwain.net, **Fax: 660-213-3223**

Gamm, Incorporated, PO Box 49, LaBelle, MO 63447

Health care program students must also return the following required information

What type of program you are enrolling in:

LPN RN ADN BSN OTA PTA Other specify: _____

Include the following documents with your application

- Copies or results of any and all entrance exams, or other assessments required by the institution you plan to attend.
- Copy of your official acceptance letter into the above checked program.

Please indicate your anticipated date of start _____ completion _____

REMINDER – NO funding will be available if you are taking pre-requisite courses prior to official acceptance into the program. Funding may be available upon receipt of your letter of acceptance.

Do you have an official letter of acceptance into your program of choice? Yes No

If you have not as yet been accepted – what is your anticipated date of acceptance into the program? _____

Are you currently an LPN? Yes No Are you currently a CNA? Yes No

If yes, where did you attain your certificate? _____

Have you ever been employed in any health field? Yes No

If yes, in what capacity? _____ Where _____
from _____ to _____

Are you currently employed? Yes No Job title _____

Will you be employed while attending training? Yes No

Where _____ Hours per week _____