



Eligibility And Application Information



P.O. Box 49 • 103 South 3rd • LaBelle, Missouri 63447
Phone (660)213-3221 Fax (660) 213-4086

www.gamminc.org

Dear Applicant:

Gamm, Incorporated is a private not-for-profit organization governed by a Board of Directors and funded and supported by the Missouri State Department of Elementary and Secondary Education and Economic Development. Gamm, Incorporated serves residents in fifteen counties in Northeast Missouri by providing financial assistance and services for career refocus and job training. Eligible applicants may receive tuition assistance for vocational technical education or may participate in customized on-the-job training. Other services are available on site at any of the Career Center locations to assist you in your job search. A list of Career Centers is found on the back cover of this application.

Please review the information contained in this application to determine whether or not you may be eligible to receive financial assistance. If you have questions, our staff will be happy to assist you. All applications for tuition assistance must be received by the Gamm, Incorporated office in LaBelle, Missouri no later than **three weeks prior** to the beginning of the term for which you are requesting assistance.

The Board of Directors of Gamm, Incorporated congratulates you on your desire to further your education and enhance your job skills. Please be assured that we will assist you in any way possible as you strive to gain the training and experience necessary to become a productive, highly skilled employee prepared for the workforce demands of the future.

Sincerely,

Gamm Incorporated, Board of Directors
Grover A Gamm
Deborah Scott
Randy Sharpe
David McCutchen

BASIC ELIGIBILITY REQUIREMENTS FOR TUITION ASSISTANCE OR ON - THE – JOB - TRAINING

- You must be at least nineteen (19) years of age.
- You must be a resident of one of the following counties for at least six months: Adair, Clark, Knox, Lewis, Macon, Marion, Monroe, Pike, Putnam, Ralls, Randolph, Schuyler, Scotland, Shelby or Sullivan.
- You must meet the following income eligibility requirements:

Number of claimed dependents (including self)	Maximum taxable income as reported on your prior year's Federal Income Tax forms <i>(possibly line 43)</i>
1	\$14,400
2	\$20,880
3	\$21,600
4	\$24,480
5	\$27,360
6	\$30,240
7	\$33,120
8	\$34,560

- If you are requesting tuition assistance and have already completed part of your education or training, you must have attained a 2.5 GPA to be eligible for assistance. If you are a first time student, assessment results will determine your eligibility.

FINANCIAL ASSISTANCE AVAILABLE

Tuition Assistance for Full-Time Students

Gamm, Incorporated may provide tuition assistance for full-time enrollment in a one- or two-year vocational technical program at an approved vocational technical education institution in the following amounts:

1- Year Program	Maximum of 50% of tuition (reimbursement not to exceed \$2,800)
2- Year Program	Maximum of 50% of tuition for the first year (reimbursement not to exceed \$2,800)
	Maximum of 25% for the second year (reimbursement not to exceed \$2,100)

Tuition Assistance for Dislocated Workers

Dislocated workers who are over income guidelines, but are eligible for training assistance under WIA regulations, are eligible for partial tuition assistance. The amount available is one-half of the amount that would be awarded if income guidelines were met:

1-year program	Maximum of 25% of tuition (reimbursement not to exceed \$1,400)
2-year program	Maximum of 25% of tuition for the first year (reimbursement not to exceed \$1,400)
	Maximum of 12.5% for the second year (reimbursement not to exceed \$1,050)

Tuition Assistance for Part-Time Students

Gamm, Incorporated may provide tuition assistance to eligible participants who wish to pursue a one- or two-year program at an approved institution on a part-time (less than three classes or nine credit hours per grading period) basis while continuing employment. Tuition assistance will be calculated on the same percentage basis as for full-time students. Students may extend their eligibility up to a maximum of twice the length of time necessary for a full-time student.

On-the-Job Training

Gamm, Incorporated may provide assistance to clients who seek to upgrade their employability skills by providing on-the-job training opportunities with an approved employer for a maximum of three months. Salary reimbursements to the employer will be equal fifty percent (50%) of the employee's salary to a maximum of \$2,800. Employers must agree to hire participants full-time at a wage rate at least 20 percent (20%) higher than the current minimum wage; provide the employee with training in documented skills; and provide Gamm, Incorporated with wage information during the contract period.

Co-funding with Other Public Agencies

Gamm, Incorporated will co-fund with other public assistance programs whenever possible. All tuition assistance applicants are encouraged to apply for federal financial aid, scholarships, and grants. Gamm, Incorporated will make referrals to other agencies for assistance on a case-by-case basis.

APPLICATION PROCEDURE

1. All Gamm, Incorporated applicants must complete the following sections of the application:

- Checklist for returning application (pg. 8)
- Personal Information (pg. 10)
- Education (pg. 11)
- Employment Status (pg. 12)
- Application for Tuition Assistance (pg. 13)
- Release Of Information And Client Obligation (pg. 14)
-

If you are going into any type of Health Care program you must complete:

- Health Care Programs Checklist (pg. 9)

Information about high demand jobs is located on the back cover of this application booklet. Please review this information carefully to ensure that the career you wish to pursue will lead to long-term employment and financial security.

2. If you are requesting **TUITION ASSISTANCE** for a one or two-year vocational technical education program:

- A. Visit your local technical education institution(s) to explore program options. During these visits, schedule a meeting with the financial aid officer of the institution(s) to determine what, if any, additional financial assistance you may be qualified to receive. Ask about the placement services available at the school and discuss employment opportunities in your selected field of interest.
- B. Complete all **appropriate forms listed above**.
- C. Ask an official at the institution to complete the **Training Facility Site Visit Form** (pg. 15).
- D. If you have completed any part of your education or training, an **Official Transcript** must accompany your application.

3. If you are requesting **ON-THE-JOB TRAINING**:

- A. Visit employers in your chosen field to see if they are interested in hiring you with 50% payroll assistance from Gamm, Incorporated include the appropriate information about potential employers on the **Application For On-The Job Training Assistance**.
- B. Complete the **appropriate forms listed above**.
- C. If you have difficulty locating an employer willing to assist you, Gamm, Incorporated staff will help you locate a cooperating employer.

4. All applications must be accompanied by copies of your **Federal Income Tax Return and W-2 Wage and Tax Statement** for the preceding year along with verification of the six-month residency requirement must accompany all applications. (If your address has not changed, the address on your tax return and/or W-2 will provide the necessary verification. Verification may also be supplied by providing a copy of your driver's license, property tax receipt, or voter registration.) **If you are under twenty-one years of age, unmarried, have no dependents, are not legally emancipated, or were claimed as a dependent on your parents' tax return for the preceding year**, you must submit a copy of your parents' tax return and Wage and Tax Statement.
5. Upon review of your application by Gamm, Incorporated staff, you may be referred to your local Family Services Division, Vocational Rehabilitation, or Career Center for further assistance.
6. After determination of income and residency eligibility, you will be contacted to schedule a basic skills assessment and personal interview. If you are already in an education or training program, you must have attained a current GPA of 2.5. Be prepared to discuss the employment and training areas of greatest interest to you.
7. If a tuition grant is awarded, you must sign and return the grant award agreement within two weeks from the date sent. All tuition is paid directly to the institution in which you have enrolled. Gamm, Incorporated, staff will meet with you twice a year to assess your progress. If you are making successful progress, maintaining a 2.5 grade point average, and funds are available, you will continue to receive your award. If you are in a two year program, you must reapply at the end of your first year.
8. If you are awarded an **on-the-job training** contract, Gamm, Incorporated staff will meet monthly with you and your employer to discuss your progress in meeting the goals outlined in the training contract.
9. Upon completion of your education or training program, you will be asked to report your employment status and salary to Gamm, Incorporated.
10. **PLEASE! Make sure all information is printed clearly!**

CHECK LIST FOR RETURNING AN APPLICATION

When submitting a **completed** application, **ALL** of the following items are required before your application can be considered.

Name: _____

- Personal Information Form (pg. 10)
- Education Form (pg. 11)
- Employment Form (pg. 12)
- Application for Tuition Assistance Form (pg. 13)
- Release of Information Form (**original**) (pg. 14)
- Training Facility Site Visit Form (pg. 15 to be completed by training facility official)
- Copy** of your complete Federal Income Tax Form for previous year *
- Copy** of your W-2 Forms for previous year
- Official Transcripts/Grades (**if** you have completed any part of your training)
- This checklist** should be submitted with your completed application (pg. 8)
- Health Care Program Students (Only)** – Submit attached **Health Care Program Checklist** and all documents required. (pg. 9)

***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

Mail or fax all documents, including this sheet to:

Atten: Vicky
Gamm, Incorporated
PO Box 49
LaBelle, MO 63447
Fax: 660-213-4086

(when faxing, the **original Release of Information** form must also be mailed.)

HEALTH CARE PROGRAMS Checklist

In addition to the items on the previous checklist, students in any health care program must also return this form with the required documents.

Name: _____

What type of program you are enrolling in:

LPN RN ADN BSN OTA PTA Other specify: _____

Copies or results of any and all entrance exams, or other assessments required by the institution you plan to attend.

A copy of your official acceptance letter into the above checked program.

Please indicate your anticipated date of start _____

and anticipated date of 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 _____

**APPLICATION FOR ASSISTANCE
PERSONAL INFORMATION**

Today's Date _____

(To be completed by **all** applicants)

Name _____ Social Security # _____
(last) (first) (middle initial)

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

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)

Home Phone No (____) _____ Mobile Phone No. (____) _____

Birth date ____/____/____ Age ____ Female ____ Male ____
(Mo.) (Day) (Year)

Marital Status: Single ____ Single Parent ____ 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 appear on line 43 of your Federal Income Taxes)

(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?
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:

	<u>PERSON # 1</u>	<u>PERSON # 2</u>
Name &	_____	_____
Relationship:	_____	_____
Address:	_____	_____
City/State/Zip:	_____	_____
Home Phone:	_____	_____
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 ____

EMPLOYMENT STATUS
(To be completed by **all** applicants)

Are you registered on www.missouricareersource.com 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

(To be completed by applicants requesting tuition assistance for enrollment in a full- or part-time vocational technical program.)

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 FASFA 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



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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)



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TRAINING FACILITY SITE VISIT FORM

(To be completed by a training facility official)

Gamm, Incorporated awards funding to eligible participants on a fiscal year basis beginning on July 1 and ending on June 30. Therefore, the tuition information requested should only reflect that time frame. Prior to July 1 of each year, a new form must be completed for the succeeding year.

Please forward an official transcript or any assessment information along with this form.

Student _____ Social Security # _____

Training Program _____

Expected Award Certificate ___ Associates Degree ___ Other Degree _____
(List)

Training Institution _____

Address _____

Tuition costs (excluding books, uniforms, supplies, or other fees) for the program described above for terms beginning July 1 through June 30:

Term Information:

fall / winter / spring / summer

_____	Term	_____	Start Date	_____	End Date	\$ _____	Tuition
_____	Term	_____	Start Date	_____	End Date	\$ _____	Tuition
_____	Term	_____	Start Date	_____	End Date	\$ _____	Tuition
_____	Term	_____	Start Date	_____	End Date	\$ _____	Tuition

Has the student completed all pre-requisite classes for the program? Yes___ No___

Has the student received an official letter of acceptance into the program? Yes___ No___

If no, anticipated acceptance date ___/___/___ Anticipated completion/graduation date ___/___
(mo / yr)

Signature of School Official _____

Title _____

Telephone _____ Ext. _____ Date ___ / ___ / ___

Fax _____ email _____

Please check best way to contact you? phone___ email___ fax___ list other_____

APPLICATION FOR ON-THE-JOB TRAINING ASSISTANCE

(To be completed **only** by applicants requesting on-the-job training assistance)

Type of Training Requested _____

Position or Job Desired _____

Desired Location for Employment (First, second and third choice)

1. _____

2. _____

3. _____

Number of miles you are willing to travel one way _____ Expected Hourly Wage _____

Prior training or work experiences that relate to the type of on-the job training you are requesting:

List any employers you have contacted that may be interested in hiring you through this program:

1. Company/Employer Name _____

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

Position _____

Telephone _____ Contact Person _____

2. Company/Employer Name _____

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

Position _____

Telephone _____ Contact Person _____

Do you need assistance from Gamm, Incorporated in locating an employer willing to provide you with on-the-job training opportunities in your stated area of interest? ____ Yes ____ No

Institutions Approved For Gamm, Incorporated Funding*

Columbia Area Career Center
4203 S. Providence Road
Columbia, MO 65203
573-214-3800

Hannibal Career and Technical
4550 McMasters Avenue
Hannibal, MO 63401
573-221-4430

Indian Hills Community College
and Truck Driving School
Grandview & Elm
Ottumwa, IA 52501
641-683-5111

John Wood Community College
and Truck Driving School
1301 S. 48th
Quincy, IL 62301
217-224-6500

Kirksville Area Technical Center
1103 South Cottage Grove
Kirksville, MO 63501
660-665-2865

Linn State Technical College
One Technology College
Linn, MO 65051
573-897-3603

Macon Area Vocational Technical School
Highway 63
Macon, MO 63552
660-385-2158

Nichols Career Center
605 Union Street
Jefferson City, MO 65101

North Central Missouri College
1301 Main Street
Trenton, MO 64683
660-359-4493

Moberly Area Community College
101 College Avenue
Moberly, MO 65270
660-263-4110

Southeastern Community College
335 Messenger Road
Keokuk, IA 52632
319-524-3221

Hannibal Campus
109 Virginia
Hannibal, MO 63401
573-231-0941

Kirksville Campus
2105 E. Normal
Kirksville, MO 63501
660-665-0345

Southeastern Community College
and Truck Driving School
1500 West Agency Road
West Burlington, IA, 52655
319-752-2731

Advanced Technology Center
2900 Doreli Lane
Mexico, MO 65265
573-582-0817

Pike Lincoln Technical Center
P.O. Box 38, 342 Vo Tech Road
Eolia, MO 63344
573-485-2900

Lewis & Clark Career Center
2400 Zumbuhl Road
St. Charles, MO 63301
636-946-7726

* Other institutions may be approved upon review by Gamm, Incorporated.



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According to the Office of Social and Economic Data Analysis (OSED), Missouri's fastest growing industries and occupations for the Northeast region are:

**Post Secondary Vocational
Training Programs**

Licensed Practical and Licensed Vocational
Nurses

Appraisers and Assessors of Real Estate

Automotive Service Technicians and
Mechanics

Bus and Truck Diesel Mechanics and
Specialists

Legal Secretaries

Emergency Medical Technicians and
Paramedics

Surgical Technologists

Computer, Automated Teller And Office
Machine Repairer

Mobile Heavy Equipment Mechanics, Except
Engines

Associates Degree Programs

Registered Nurses

Respiratory Therapists

Radiologic Technologists and
Technicians

Computer Support Technicians

Medical and Clinical Laboratory
Technicians

Medical Equipment Repairers

Cardiovascular Technologists and
Technicians

Diagnostic Medical Sonographers

Electrical and Electronic Engineering
Technicians

Medical Records and Health
Information Technicians

Physical Therapist Assistants

**GAMM, INCORPORATED - NORTHEAST MISSOURI CAREER CENTERS
AND AFFILIATE OFFICE LOCATIONS**

Gamm, Incorporated

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LaBelle, Missouri 63447
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Gamm, Incorporated

Macon Lakeview Towers
1404 S. Missouri, Suite 221
Macon, MO 63552
Phone: (660) 385-6570
Fax: (660) 385-6576

Hannibal Career Center

203 N. 6th
Hannibal, MO 63401
Phone: (573) 248-2520
Fax: (573) 248-2526

Kirksville Career Center

2105 E. Normal
Kirksville, MO 63501
Phone: (660) 785-2400
Fax: (660) 785-2404

Missouri Career Center

1716 Four Season Dr. Suite 101
Jefferson City, MO 65101
Phone: (573) 526-8115
(573) 526-3494

Missouri Career Center Mexico Affiliate

109 East Promenade
Mexico, MO 65265
Phone: (573) 581-2661
Fax: (573) 581-2669

Missouri Career Center

1500 Vandiver Dr. Suite 115
Columbia, MO 65202
Phone: (573) 822-8821
Fax: (573) 884-5055