

**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  
**PERSON # 1** **PERSON # 2**

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:

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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:

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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:

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## EMPLOYMENT STATUS

Are you registered on [jobs.mo.gov](http://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 3<sup>rd</sup> • 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: gammvsd@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 \_\_\_\_\_