###  Nebraska

**PARTICIPANT INTAKE FORM PLEASE PRINT**

(Some programs of study require a social security number in order to comply with

Admission’s background check and drug testing requirements.)

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| Please insert Consortium member college and program name here: |
| Today’s date: |
| STUDENT INFORMATION |
| Last name: | First: | Middle: | Birth date: | Age: | Gender: |
|  |  |  |  |  / / |  | ❑ M | ❑ F |
| Street address: | City: | State, ZIP Code: |
|  |  |  |
| Contact phone # : ( ) | Social Security#: | Email address: |
| Ethnicity: ❑ Black, Non-Hispanic ❑ American Indian/Alaskan Native ❑ Asian/Pacific ❑ Hispanic ❑ White, Non-Hispanic ❑ Other  | Are you of Hispanic/Latino origin? ❑ Yes ❑ No | Are you a US Citizen? ❑ Yes ❑ No❑ No, but work authorized |
|  |
| MILITARY/DISABILITY/EMPLOYMENT/SCHOOL INFORMATION |
| **DISABILITY INFORMATION** | **TAA INFORMATION** |
| Are you disabled as defined by the American with Disabilities Act (ADA)? ❑ Yes ❑ No  | Are you eligible for TAA benefits? | ❑ Yes ❑ No |  |
| **EMPLOYMENT INFORMATION** |
| Are you currently employed? | ❑ Yes❑ No | If **yes**, who is your employer? |
| If **no**, do you receive Unemployment Benefits? | ❑ Yes❑ No | What is your occupation? |
|  | What is your current monthly gross earnings? $\_\_\_\_\_\_\_\_\_ |
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|  **MILITARY INFORMATION and PRIORITY OF SERVICE DEFINITION** |
| Have you completed your Selective Service Registration? ❑ Yes ❑ No ❑ Not Applicable |
| Are you a US Military Veteran? | If not currently in the Military, did you receive anything other than an Honorable Discharge? ❑ Yes ❑ No . If yes, please list reason: | Are You a Spouse to a Veteran? |
| ❑ Yes ❑ No | ❑ Yes ❑ No |
|  “Pursuant to the Unites States’ Jobs for Veterans Act (38 U.S.C. §§38-101 et seq.), veterans, and spouses of certain veterans (“Covered Persons”), shall be given priority over a non-covered person for the receipt of employment, training, and placement services provided under this program, notwithstanding any other provision of the law. If you are a veteran, or the spouse of a veteran, please notify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to inquire about receiving priority service.”  |

 **SCHOOL INFORMATION** |
| Are you currently attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College? | ❑ Yes❑ No | Highest Educational Level Completed: |
| Academic Qtr/Semester:❑ FALL❑ WINTER❑ SPRING ❑ SUMMERYear: | Are you Full time or Part time?❑ Full Time (12 or more credit hours for fall/spring, 6 or more credit hours for summer)❑ Part Time (less than 12 for fall/spring, less than 6 for summer) | ❑ Less than HS Diploma/ no GED❑ HS Diploma/GED❑ Some College, no degree |
| ❑ Completed AA/AAS degree❑ Bachelor’s Degree❑ Graduate Study above Bachelor’s  |
| What is your major? | Pell Grant Eligible? |
| What is your educational goal? | ❑ Non-credit certificate completions ❑ Credit 1 year certificate ❑ Credit less than 1 year certificate ❑ Credit Associate Degree |

# Equal Opportunity Is the Law

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases:

against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas: deciding who will be admitted, or have access, to any WIA Title I-financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

# What To Do If You Believe You Have Experienced Discrimination

If you think that you have been subjected to discrimination under a WIA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either: the recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or the Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210.

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

By signing this form, I certify that I have read and understand the Equal Opportunity statement above.

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|  |  |  |
| Printed Name |  |  |
|  |  |  |
| Student Signature |  | Date |

Grant Funded Student’s Authorization to Disclose Information from Education Records

I understand that my educational records are protected by the *Family Educational Rights and Privacy Act of 1974*, and they may not be disclosed without my prior written consent. I hereby consent to the disclosure of the following education records pertaining to me and for the purposes as stated below:

I hereby authorize the following officials:

1. College officials and faculty members teaching courses in which I am currently (or was) enrolled

to disclose the following:

1. demographic or contact information, which may include social security number and other personally identifiable information
2. employment status
3. financial information, including financial aid, student account balance, and Veterans benefits
4. academic records including, but not limited to placement test results, class schedule, interim and final grades, attendance, and any information regarding my academic progress prior to the final determination of grade

to the following persons:

1. Specific state and federal grant funders, educational institutions, lead agencies, fiscal administrators of grant programs

for the following purposes:

1. to monitor, assist and determine eligibility for grant-funded programs
2. to monitor and assist with respect to retention and student support needs related to programs within Student & Career Services
3. for reporting requirements of specific grant programs; as well as for statistical analysis of grant outcomes
4. to monitor and assist with graduate placement needs and employment outcome tracking

I understand further that:

1. such records may be disclosed only on the condition that the party to whom the information is disclosed will not re-disclose the information to any other party without my written consent unless specifically allowed by law.
2. I have the right to not consent to the release of my educational records for these purposes only by initialing the box below.
3. this authorization remains in effect unless revoked by me in writing.

By signing this form, I certify that I agree to the disclosure of the records referenced above. This authorization and consent by me is valid **for the life of the grant reporting period or until I revoke it in writing.**

€ I am opting out of signing this form and understand that I may not be eligible to receive grant-funded educational assistance because of this decision.

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| --- | --- | --- |
|  |  |  |
| Printed Name |  |  |
|  |  |  |
| Student Signature |  | Date |