***FINISH LINE GRANT***

*(A Workforce Innovation & Opportunity Act initiative)*

**Emergency Assistance Application**

| Student Name: |       | Student ID: |       | or Last 4 of SSN: |       |
| --- | --- | --- | --- | --- | --- |
| Address: |       | City: |       | State: |       | Zip: |       |
| Email Address: |       | Phone Number:  |       |
| Date of Birth:  |       | Gender | [ ]  Female [ ]  Male |
| Have you ever received assistance through the Finish Line Grant:  | [ ]  Yes [ ]  No |
| If yes, when?  | [ ] Fall [ ]  Spring [ ]  Summer [ ]  Other  |       | Year:  |       |
| Family/Household Size |       | Annual Income: |       |

(Number of individuals related to you by blood/marriage/court decree residing in the same home)

Briefly explain your emergency and how this will impact your ability to continue with your training:

|       |
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*I certify that the information on this request for assistance is accurate to the best of my knowledge. I understand that my willful misstatement of the facts may cause my forfeiture of any assistance. I give permission for the release and disclosure of information as it relates to the determination of my eligibility for assistance through the WIOA Finish Line Grant.*

| Student Signature: |  | Date: |       |
| --- | --- | --- | --- |

| To be completed and verified by Authorized Community College/NCWorks Career Center Staff |
| --- |
| Total amount requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Category of Student Need:  Transportation  Housing  Child/Dependent Care  Other: \_\_\_\_\_\_\_\_Has acceptable documentation of this emergency need and unavailability of other resources been secured?  Yes  No Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Curriculum/Course student is enrolled in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Anticipated Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Has the student completed 50% of their degree/credential?  Yes  NoCurrent GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is the student currently in good academic standing?  Yes  No*I certify that the information on this request for assistance provided by the community college is accurate and has been verified.*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Authorized Community College Staff Printed Name TitleOutcome of request: Request Approved:  Yes  No Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Authorized NCWorks Career Center Staff Printed Name Title |

**Return completed application and supporting documentation to the Financial Aid Service Center in Room 2 of the Tony Rand Student Center.**