***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 |
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| 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  No  Current 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 Title  Outcome 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.**