



Application for Finish Line Grant Funding

If you are in need of emergency assistance, please complete this form in its entirety.

Name: _____ Social Security Number: XXX-XX-_____

Email: _____ Phone number: _____

School or Training Facility: _____ Program of Study: _____

Enrollment Date: _____ Anticipated Graduation Date: _____

1. Please check all supportive services you are requesting and list the **cost** if known.

- Transportation
How many miles do you drive, round trip, to your school or training facility? _____
- Auto Repair (explain) _____
- Child Care (explain) _____
- Dependent Care (explain) _____
- Housing Assistance (explain) _____
- Accommodation for Disability (explain) _____
- Utility Bill (explain) _____
- Health Care (explain) _____
- Books and School supplies (explain) _____
- Assistance with Tuition and Fees (explain) _____

2. Are you currently receiving, or are you eligible to receive, these same services through any other State or Federal program (HUD, DSS Work First, etc.)?

- Yes No Don't Know

If you checked Yes, please list the program(s): _____

3. Please list your total family income for the last six months _____

4. Family size: _____

5. If this is an emergency, what is the date you must have these services? _____

I certify that the above information is true and complete. I understand that any assistance received is based on verified need and availability of funding. I further understand that I must notify the Workforce Development Staff Member on any changes that alter the information given above.

Student Signature

Date

Staff Signature

Date

For Community College Use Only

Student: _____

I certify that the above named student is at least 50% completed with course requirements and is in good standings academically.

Print Name: _____

Signature: _____