

## 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: \_\_\_\_\_

Student ID #: \_\_\_\_\_

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) \_\_\_\_\_
- Other: \_\_\_\_\_

2. Are you currently receiving, or are you eligible to receive, these same services through any other State or Federal program (FASFA, 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? \_\_\_\_\_

6. **Which semester and date of semester are you requesting assistance?** \_\_\_\_\_

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. I understand that my educational records will be requested from the college, and I give permission for the college to release my records without further approval from me.

\_\_\_\_\_  
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: \_\_\_\_\_