

APPLICATION for FINISH LINE GRANT FUNDING

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

Name: _____

Student ID: _____

Social Security #: XXX - XX - _____

Email: _____

Phone Number: _____

School or Training Facility: _____

Program/Course: _____

Enrollment Date: _____

Anticipated Completion 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): _____

Accomodation 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 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 receive these services? _____

6. Which semester and date of semester are you requesting assistance? _____

I certify that the information given on this application is complete, accurate and true and that I must notify the Workforce Development Staff Member on any changes that alter the information given above. I understand that any assistance received is based on verified need and availability of funding. I further understand, by submitting this application, I give Forsyth Technical Community College Office of Registrar permission to release any information deemed appropriate for this grant.

Student Signature

Date

PTRC Staff Signature

Date

For Community College Use Only

Student: _____

I certify that the above named student has completed (or is currently enrolled) in at least 50% of the course requirements and is in good standings academically.

Print Name: _____

Staff Signature: _____