

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): _____

Other: _____

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 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

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: _____

For curriculum students, please complete and submit your application to Ms. Gwen Whitaker in the Records Office. You can submit your application by email at gwhitaker@forsythtech.edu or in-person at the Robert L. Strickland Center (located on Forsyth Tech's main campus).

For Economic and Workforce Development students, please complete and submit your application to Michelle Dixon (mdixon@forsythtech.edu) or Tara Craft (tcraft@forsythtech.edu). You can submit your application by email or in-person at Forsyth Tech's West Campus.