



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 (HUD, DSS Work First, etc.)?

- Yes     No     Don't Know

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

3. **\*Attestation of 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 have received the list of documents to be collected* \_\_\_\_\_

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: \_\_\_\_\_