

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

**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](mailto: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](mailto:mdixon@forsythtech.edu)) or Tara Craft ([tcraft@forsythtech.edu](mailto:tcraft@forsythtech.edu)). You can submit your application by email or in-person at Forsyth Tech's West Campus.