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 Shanta Reddick in the Forsyth Tech Cares Office . You can submit your application by email at sreddick@forsythtech.edu or in-person at the Robert L. Strickland Center, Room 2421.

For Economic and Workforce Development students, please complete and submit your application to Michelle Dancho in Economic and Workforce Development. You can submit your application by email at mdancho@forsythtech.edu or in-person at Forsyth Tech's West Campus, Room 105.