

Finish Line Grant Application

Student Name:			
Physical Address:			
Mailing Address (if diffe	erent from above):		
City, State, Zip:			
Primary Phone Number	r:		
Alternate Phone Numb	er:		
County of Residence: [☐ Beaufort ☐ Bertie ☐	☐ Hertford ☐ N	∕lartin □ Pitt
I am currently enrolled	at:		
☐ Beaufort CCC	☐ Martin CC	☐ Pitt CC	☐ Roanoke-Chowan CC
As a student in :	☐ Curriculum	☐ Continuing E	Education
Program of Study:			
Expected Completion D	oate:		Current GPA (if applicable):
I am requesting a Finish	n Line Grant for assistand	ce with the follow	wing:
☐ Transportation	☐ Auto Repairs	☐ Child Care	☐ Dependent Care
☐ Housing Assistance	☐ Utility Bills	☐ Referral to H	lealth Care
☐ Accommodations for	r Individuals with Disabil	ities	☐ Other (specify below)
☐ Assistance with Bool	ks and Schools Supplies		
☐ Assistance with Tuiti	on and Fees		
Please provide details of	on the nature of your red	quest:	
By signing below, I attest knowledge.	that the information prov	rided on this appl	ication is true and accurate to the best of my
Student Signature and	Date		

All required documentation must be provided. Incomplete applications will not be considered nor processed until all required documentation has been provided to the WIOA Career Advisor.



Region Q Finish Line Grant Checklist

☐ Completed Finish Line Grant Application (completed and signed)
☐ Finish Line Grant Checklist (signed by a College Representative)
☐ Letter or email from Faculty Member or CE Department Director
☐ Birth Certificate
☐ Driver's License or Photo ID Card
☐ Proof of Address (if address is different from Photo ID)
☐ Social Security Card
 □ *Proof of Household Income for the last 6 months –OR- Layoff Letter/Proof of Unemployment (See attached self attestation form) □ DD214 (if a Veteran)
If you are apply for the following grants, please see additional documentation you will need to present:
☐ Auto Repairs : Itemized statement from the vendor on what repairs need to be completed and the car title or a statement from the registered owner that his/her is your primary mode of transportation. <i>Normal vehicle maintenance or purchase of a vehicle is not an allowable expense.</i>
☐ Child care: A copy of your child(ren)'s birth certificates and verification from the Day Care Facility.
☐ Dependent Care: Verification from the facility will be required.
☐ Housing: A copy of your Rental Agreement along with a statement from your Landlord verifying the amount of rent due/past due. <i>Rental deposits, mortgage payments, property taxes, fines and late fees are not an allowable expense.</i>
☐ Accomodations for Individuals with Disabilities : Verification of the accommodation needed and estimated cost.
☐ Utility Bills: A copy of the utility bill(s)- water, gas or electric indicating a cut off/termination date for your place of residence. <i>Internet or phone service bills, including prepaid services, are not an allowable expense.</i>



Finish Line Grant Checklist

For a Curriculum Student:

	Letter of Support (or email) from a Faculty Member confirming the student's attendance and participation in class; or		
	College Staff Member has verified that student has a Program GPA of 2.0 or higher		
	College Staff Member has verified that student has completed at least 50% of their credential or degree (including current enrollment).		
	College Staff Member has confirmed that the student has not received an emergency grant for the "same" request through the College		
	College Staff Member has verified that the student (CU or CE) does not have an outstanding balance with the College		
	Student has signed College FERPA Release Form		
For a C	Continuing Education Student:		
	College Staff Member has verified that the student has completed at least 50% of the course hours (i.e. 96 hour course = completed at least 48 hours)		
	College Staff Member has confirmed that the student has not received an emergency grant f the "same" request through the College		
	Letter or email from the Department Director that student is successfully passing all exams and are on-schedule to complete the class and take the state-exam or other third-party credential. Class must be for an industry-recognized credential.		
	College Staff Member has verified that the student (CU or CE) does not have an outstanding balance with the College		
	Student has signed College FERPA Release Form		
By signi	ing below, I attest that the information provided above is true and accurate to the best of my knowledge.		
College	Representative Printed Name and Title		
College	Representative Signature Date		