

## EMERGENCY FUND APPLICATION

**Student Information (TO BE COMPLETED BY STUDENT)**

Full Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
Last First M.I MM/DD/YYYY

Mailing Address \_\_\_\_\_  
Street City State Zip County

Email \_\_\_\_\_ Phone \_\_\_\_\_

Student ID # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have you completed a current FAFSA application? YES \_\_\_\_\_ NO \_\_\_\_\_

Program of Study \_\_\_\_\_

Is there an immediate, unforeseen financial hardship? YES \_\_\_\_\_ NO \_\_\_\_\_

Select the category of need for which you are applying for funds. Before you receive funds, you will have to provide sufficient documentation supporting the use of funds (e.g., repair estimate, billing statement, receipt, etc.).

<input type="checkbox"/> Auto repairs	<input type="checkbox"/> Books and Supplies	<input type="checkbox"/> Child/Dependent Care
<input type="checkbox"/> Housing/Rent	<input type="checkbox"/> Internet	<input type="checkbox"/> Medical/Dental/Vision Care
<input type="checkbox"/> Transportation	<input type="checkbox"/> Tuition or Fees	<input type="checkbox"/> Utilities
<input type="checkbox"/> Other (please specify)		

Please explain the financial emergency for which you are requesting emergency funds.

**Attestation and Signature**

*I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in denial/repayment. Any emergency funds received must be used for the intended purpose. By signing this application, I understand that my student and financial information may be shared with other departments.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY STAFF**

**Eligibility Question 1:** *(If yes, continue to Question 2):*

Does immediate, unforeseen financial hardship meet qualification?	Yes	No
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**Eligibility Question 2:** *(If yes, continue to Question 3):*

Is student currently enrolled in an NC community college postsecondary diploma/certification program?	Yes	No
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**Eligibility Question 3:** *(if yes, continue to Question 4):*

Has enrolled student completed at least 25% of diploma/certification, including pre-transfer credits, if applicable, and current semester hours?	Yes	No
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**Eligibility Question 4:** *(if yes, continue to Question 5):*

Does enrolled student have a minimum 2.0 cumulative CPA (if curriculum) or a grade of 80 or higher (if continuing education)?	Yes	No
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**Eligibility Question 5**

Describe assistance type and amount(s) needed:	<b>TOTAL</b>	<b>\$</b>
If awarded, has student's Cost of Attendance not been exceeded?	Yes	No

If all eligibility questions answered "Yes", student meets Finish Line Grants initial eligibility. If any answered "No", please seek assistance from other sources.

STAFF - COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

FA ACKNOWLEDGEMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

LIST DOCUMENTS ATTACHED: \_\_\_\_\_

**FOR FOUNDATION USE ONLY**

Committee Approval: YES \_\_\_\_\_ NO \_\_\_\_\_ Date: \_\_\_\_\_

Qualified for: \_\_\_\_\_ Finish Line Grant \_\_\_\_\_ Pacer Emergency Fund

Amount of Funding: \_\_\_\_\_ Vendor for Payment: \_\_\_\_\_