

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Eligibility Question 2 *(If yes, continue to Question 3):*

Is student currently enrolled in an NC community college <u>postsecondary</u> diploma/certification program?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Eligibility Question 5

Describe assistance type and amount(s) needed:	TOTAL	\$	
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 Does not qualify

Amount of Funding: _____ Vendor for Payment: _____

Date application received in Foundation office _____