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.).

☐ Auto repairs   ☐ Books and Supplies   ☐ Child/Dependent Care

☐ Housing/Rent   ☐ Internet   ☐ Medical/Dental/Vision Care

☐ Transportation   ☐ Tuition or Fees   ☐ Utilities

☐ 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)*

Has the student had an unforeseen financial hardship in the past 30-45 days?	☐ Yes	☐ No

Eligibility Question 2: *(If yes, continue to Question 3)*

Is student currently enrolled in an NC community college <u>postsecondary</u> degree orcertification program?	☐ Yes	☐ No

Eligibility Question 3: *(If yes, continue to Question 4)*

Does enrolled student have a minimum 2.0 cumulative GPA (if curriculum) or a grade of 80 or higher (if continuing education)?	☐ Yes	☐ No

Eligibility Question 4:

Has student not exceeded the $2,000 max for the year?	☐ Yes	☐ No

Describe assistance type and amount(s) needed:	**TOTAL**	$

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:_____

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 _____