

## 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. Printed name will serve as signature.*

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?	<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 postsecondary degree or certification program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Eligibility Question 4:**

Has student not exceeded the \$2,000 max for the year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Describe assistance type and amount(s) needed:	<b>TOTAL</b>	\$

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 \_\_\_\_\_