



## Finish Line Grant Application

*Helping Students Cross the Finish Line*

**Finish Line Grants are designed to help community college students overcome unforeseen financial emergencies that could prevent you from completing your degree.**

Print Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

- 1) I have completed **25%** of my program  Yes  No
- 2) I have documentation of my emergency  Yes  No
- 3) Documentation of emergency attached  Yes  No
- 4) My program GPA is at least a 2.00  Yes  No
- 5) Amount of funding requested: \$ \_\_\_\_\_

Does this unforeseen financial emergency affect your enrollment or your academic performance?  Yes  No

Please give a detailed description of the financial emergency and explain how it will affect you from completing your degree. **You must attach any supporting documentation such as utility or rent statements, police reports, etc.:**

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I affirm that the above statement is true. If approved for the Finish Line Grant, payment will be made to payable to the authorized entity (*Please note: Payment will not be made to the student*)

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

For Office Use Only		
Signature _____	Date _____	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature _____	Date _____	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature _____	Date _____	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No