

# LUMBER RIVER WORKFORCE DEVELOPMENT BOARD

Local Area (Bladen, Hoke, Richmond, Robeson and Scotland Counties)

## FINISH LINE GRANT EMERGENCY REQUEST FORM

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

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

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

- 1) What community college are you currently enrolled in?  
\_\_\_\_\_
- 2) What is your program of study? \_\_\_\_\_
- 3) What semesters are you enrolled?  Spring  Fall  Summer
- 4) Have you ever requested Emergency Funds before?  Yes  No
- 5) Have you registered with Selective Service?  Yes  No  Does not apply
- 6) How much funding are you requesting? \_\_\_\_\_

Please give a detailed description of the financial emergency that affects your continued enrollment or academic performance at the community college enrolled in. You must attach any supporting documentations such as past due utility or rent statements or receipts, etc.:

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I affirm that the above statement is true. If approved for the Finish Line Grant, payment should be made to:

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

**\*Return completed form and supporting documentation to your Community College Financial Aid Office\***

<b>Attention: Finish Line Grant Staff</b>	
Approved _____	Not Approved _____
Signature _____	
Date _____	

**\*To be completed by Community College Staff\***

Please provide a clearly written and precise description of why the request was not approved.

**For LRWDB Office Use Only**

Approved \_\_\_\_\_ Not Approved \_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_