

Finish Line Grant Application

Student Name:			
Physical Address:			
Mailing Address (if different from			
City, State, Zip:			
Email Address:			
Primary Phone Number:			
Alternate Phone Number:			
County of Residence: O Beaufor	rt O Bertie O Hertford	l O Martin O Pitt O Oth	ner:
Currently enrolled at: O Beaufort	County Community C	college O Martin Con	nmunity College
O Pitt Community College O Roanoke-Chowan Community College			
As a student in: O Curriculum	O Continuing Education	n	
Program of Study:			
Expected Date of Completion:		Current GPA (if applicable):	
I am requesting a Finish Line Gran	nt for assistance with th	ne following:	
□ Transportation	□ Auto Repairs	□ Child Care	Dependent Care
□ Housing Assistance	□ Utility Bills	□ Referral to Health	Care
□ Accommodations for In	ndividuals with Disabil	ities	
□ Assistance with Books	& School Supplies		
□ Assistance with Tuition	n & Fees		
□ Other (please specify):			

By signing below, I attest that the information provided on this application is true and accurate to the best of my knowledge.
Signature:

Date:

All required documentation must be provided. Incomplete applications *will not* be considered not processed until all required documentation has been provided to the WIOA Career Advisor.