



Finish Line Grant Application

Finish Line Grants are designed to help community college students overcome unforeseen financial emergencies that could get in the way of completing your degree. Eligible students may qualify for up to \$1,000 per semester to help offset such emergency expenses. To see if you qualify, complete this form and return to the financial aid office in-person, by fax 910-296-1314, or by e-mail at jccfinaid@jamesprunt.edu.

Name: _____

Student ID number (Required): _____

Street address: _____

Preferred contact email: _____

Preferred contact phone number: _____

Eligibility check

1. Are you currently enrolled at a North Carolina Community college? ☐ Yes ☐ No

If yes, enter Community College name: James Sprunt

2. What is your program of study? _____

3. Do you have a GPA of 2.0 or higher? Yes No Don't know

4. Does your emergency meet the definition below? Finish Line Grants emergency is defined as: Any unforeseen (**unexpected**) circumstance that occurs **within the last 45 days** resulting in the potential disruption of a student's ability to complete a degree/certification. Yes ☐ No Don't know



Please check the following boxes as an acknowledgement:

I understand that funds are paid directly to the vendor, therefore I must provide invoice and or contact information for the vendor.

I understand that I may need to provide documentation such as repair estimate, billing statement, receipt, etc.) and if not provided, it may delay processing.

I understand that the Finish Line Grant can assist with current amounts due and, in certain situations, may assist with past due balances.

My emergency meets the Finish Line Grant definition (#4) and I may not be able to finish my degree without assistance.

Describe emergency assistance requested:

1. Select the category of need for which you are applying for funds. **Please provide sufficient documentation supporting the use of the funds requested (e.g., repair estimate, billing statement, receipt, etc.).**

- | | | |
|---|--|---|
| <input type="checkbox"/> Auto repairs | <input type="checkbox"/> Books and school supplies | <input type="checkbox"/> Child/dependent care |
| <input type="checkbox"/> Rent (no mortgage) | <input type="checkbox"/> Internet | <input type="checkbox"/> Medical/dental/vision care |
| <input type="checkbox"/> Transportation (no car payments) | <input type="checkbox"/> Tuition or fees | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Other (please specify) | | |

2. Please explain the financial unforeseen emergency, when it occurred, and what type of assistance that you are requesting. Please be specific.

Sign here

I hereby certify that the information provided is accurate to the best of my knowledge. I understand that any willful misstatement of the facts may cause my forfeiture of any assistance.

Student signature: _____

Date: _____



TO BE COMPLETED BY STAFF

Eligibility Question 1: *(If yes, continue to Question 2):*

Does immediate, unforeseen financial hardship meet qualification?	YES	NO
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Eligibility Question 2 *(If yes, continue to Question 3):*

Is student currently enrolled in an NC community college <u>postsecondary</u> diploma/certification program?	YES	NO
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Eligibility Question 3 *(if yes, continue to Question 4):*

Does enrolled student have a minimum 2.0 cumulative GPA?	YES	NO
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Eligibility Question 4 *(if yes, continue to Question 5):*

Has the student exceeded the \$2000 maximum allowance	YES	NO
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Eligibility Question 5

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

What forms of payment are accepted from vendor? (circle all that apply)	CREDIT CARD	CHECK
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FA ACKNOWLEDGEMENT: _____ DATE: _____

LIST DOCUMENTS ATTACHED: _____