

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

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? _____

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.

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

Student Signature _____ Date _____

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

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 _____



LUMBER RIVER WORKFORCE DEVELOPMENT BOARD

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

Information Release Authorization Form

I, _____, hereby authorize the Lumber River Workforce Development Board (including the awarding agency, USDOL, NCDWS) including its officers, staff and WIOA contracted staff to use within its absolute discretion, to release and/or obtain my personal information and/or photograph(s) as it sees fit, in coordination with the **Workforce Innovation and Opportunity Act (WIOA)** Program. Personal information shall include, but not limited to:

- a. Educational documents (IEP, dates of attendance, grades, financial aid, transcripts, schedule, etc.) and
- b. Employment/military information (wage, dates of employment, place of employment, work schedule, etc.)

I hereby waive any claim arising out of such release, dissemination or use.

Signature

Date

Parent Signature
(If participant is under 18)

Date



LUMBER RIVER WORKFORCE DEVELOPMENT BOARD
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FAMILY SIZE VERIFICATION

Applicant Name: _____ Date: _____

Physical Address: _____

In cases in which the recommended sources of family size documentation are unavailable, or the attainment of such documentation would place undue hardship on the participant, this Self-Attestation of Family Size form may be used.

The purpose of this form is to verify a WIOA participant's family status at the time of application. This entails documenting the size and makeup of the applicant's family.

List the names and relationships of all family members living in the household.

Name

Relationship

_____ *Applicant*

Total number in family: _____

(If there are any additional family members living in the household not listed on this side, please list them on the back of this form).

I attest that to the best of my knowledge the information above is true and correct.

Applicant's Signature

Date

WIOA Staff Signature

Date



LUMBER RIVER WORKFORCE DEVELOPMENT BOARD
Local Area (Bladen, Hoke, Richmond, Robeson and Scotland Counties)

***SELF – ATTESTATION FOR INCOME, EMPLOYMENT
 STATUS, DISLOCATION, DISPLACED, EX-OFFENDER
 STATUS, HOMEMAKER, AND EDUCATION LEVEL***

(if used for income it must be one of the following: no income, cash gifts, odd jobs, or self-employment income)

Date: _____

Name: _____ Last four of SSN: _____

I, _____, hereby affirm that : _____
 (NAME OF APPLICANT)

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE, AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED, OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION AND/OR PENALTIES AS SPECIFIED BY LAW. USING THE SELF-ATTESTATION COULD REQUIRE GATHERING PERTINENT DOCUMENTATION AT A LATER DATE IF REQUESTED BY LOCAL, FEDERAL OR STATE GOVERNMENT REPRESENTATIVES.

 (Applicant's Signature)

 (Staff Signature)

OFFICE USE ONLY

**THE ABOVE APPLICANT STATEMENT IS BEING UTILIZED FOR
 DOCUMENTATION OF THE FOLLOWING ELIGIBILITY CRITERIA:**

- ☐ EX-OFFENDER STATUS ☐ INCOME ☐ EMPLOYMENT STATUS
☐ DISLOCATION ☐ DISPLACED HOMEMAKER ☐ EDUCATION