

# 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

<p><b>Attention: Finish Line Grant Staff</b></p> <p>Approved _____ .Not Approved _____</p> <p>Signature _____</p> <p>Date _____</p>
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**\*To be completed by Community College Staff\***

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

[Empty box for providing a 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.

<u>Name</u>	<u>Relationship</u>
_____	<i>Applicant</i>
_____	_____
_____	_____
_____	_____
_____	_____

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