



Revised 11/23

FINISH LINE GRANT ELIGIBILITY FORM

TO BE COMPLETED BY STUDENT

	Studen	t Inform	ation		
Full Name:			Today's Date:		
	Last	Firs	st	M.I.	MM/DD/YYYY
Student ID #:					
Is there an im	mediate, unforeseen financial hardship?			Yes	No
Please descri	be:				

Attestation and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in denial/repayment. Any FLG funds received must be used for the intended purpose.

Student Signature:	Date:

TO BE COMPLETED BY STAFF

Does immediate, unforeseen financial hardship meet qualification?		Yes	No
Eligibility Question 2 (If yes, continue to Question 3):		1	
Is student currently enrolled in an NC community college postseconda diploma/certification program?	ry	Yes	No
Eligibility Question 3 (if yes, continue to Question 4):			
Has enrolled student completed at least <u>25%</u> of diploma/certification, in pre-transfer credits, if applicable, and current semester hours?	ncluding	Yes	No
pre-transfer credits, if applicable, and current semester hours?	ncluding	Yes	No
	ncluding	Yes Yes	No
pre-transfer credits, if applicable, and current semester hours? Eligibility Question 4 (if yes, continue to Question 5):	ncluding		
pre-transfer credits, if applicable, and current semester hours? Eligibility Question 4 (<i>if yes, continue to Question 5</i>): Does enrolled student have a minimum 2.0 cumulative GPA?	ncluding TOTAL		

seek assistance from other sources.

STAFF - COMPLETED BY: ______DATE: ______

FA ACKNOWLEDGEMENT: ______DATE: ______

LIST DOCUMENTS ATTACHED: _____