

Finish Line Application

Return completed application and documentation to the Financial Aid Office or send to financialaid@edgecombe.edu

Student Name:		Student ID:	
Mailing Address			
City, State, Zip:			
Phone Number:			
County of Residence:			
Academic Program:			
<input type="checkbox"/> Curriculum Student	Program of Study	_____	
<input type="checkbox"/> Continuing Education	Program of Study	_____	

I am requesting a Finish Line Grant for the following reason:

<input type="checkbox"/> Transportation	<input type="checkbox"/> Auto Repairs	<input type="checkbox"/> Child Care	<input type="checkbox"/> Dependent Care
<input type="checkbox"/> Housing Assistance	<input type="checkbox"/> Utility Bills	<input type="checkbox"/> Health Care	<input type="checkbox"/> Other _____
<input type="checkbox"/> Accommodations for Individuals with Disabilities	<input type="checkbox"/> Assistance with Books and Schools Supplies	<input type="checkbox"/> Assistance with Tuition and Fees	

Please provide details on the nature of your request: _____

Vendor/Payee's Information:

Name:		Amount requested	\$
Mailing Address		City, State, Zip:	
Phone Number:		W-9 attached (required)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please be sure to attach all required documentation. Incomplete applications *will not* be considered nor processed until all documentation has been provided to the Financial Aid Office.

Signature

Date

School Use Only

Financial Aid Decision: _____ **Approved** _____ **Denied** **Date:** _____

Business Office Receipt Date: _____