Kerr-Tar Workforce Development Board

Finish Line Grant (FLG) Application

Date_____

Name: _____ SSN (Last 4 Numbers): _____

Address: _____
Street City State Zip Code

E-mail Address: _____

Telephone Number: Home_____ Cell_____

Date of Birth_____ Gender: M_____ F_____

1. What county do you live in? (Please Check One) Vance____ Granville____ Franklin _____
   Warren ____ Person ____ Other ** (Please write in county name) _____
2. Family Income (last 6 months) $_____ Are you currently employed? _____
3. What is your Family Size? _____
4. Selective Service: Please check here if compliant with Selective Service: Yes ___ No___ N/A___
5. I attest that I am a United States citizen or eligible to work in the United States: Yes___ No ____
6. Are you registered in NCWorks? No _____ Yes_____
7. What are your plans after completion of this training/class? _____
8. How did you hear about the Finish Line Grant? _____
9. What is your emergency need? _____

*Please give a detailed description of your emergency need (*must demonstrate a negative impact on your ability to complete currently enrolled eligible credentialed training & education program*). Please use additional paper as needed for detailed description. **SUPPORTING DOCUMENTATION MUST BE ATTACHED. If your documentation is incomplete or does not support your request, your application will be denied.**

**Please Note that FLG Applicant must meet WIOA Adult Eligibility prior to approval for FLG Assistance.

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I certify that the above information is correct and I understand that if I knowingly falsify this information my application can be disqualified for the Finish Line Grant. I also understand that my signature below indicates that I know more information may be needed in determining eligibility for the funding. Failure to sign below will result in the College and the KTWD to not be able to process the grant application.

Applicant Signature _____**Date**_____

Community College Name: _____