





Finish Line Grant Preliminary Application and Agreement

Name:	Date of Birth:	Gender: Male Female
SSN (Last 4 Numbers):	Student ID:	
Email Address:		
Street Address:		Phone:
ity: State: Zip Code		
Pre-Screening Questions:	Are you a veteran? No	☐ Yes ☐
Employment Status: Full-time	Part-time Unemployed U	
If unemployed, have you worked in the	e last 6 mths? No 🗆 Yes	
Marital Status:	Family Size: Family Inco	ome (last 6 mths):
Selective Service (Males Only): Please che	eck here if you are compliant with Select	tive Service: Yes No N/A
I hereby verify that I am a United States Ci	tizen or eligible to work in the United Sta	ates: Yes No
Are you registered in NCWorks? No Yes If yes, NCWorks ID #:		
My signature below indicates my attestati knowledge and that I understand more in	formation may be needed in determi	ning eligibility for the funding.
Student Signature:		Date:
For Official Use Only - Wake Technica	I Community College	
Academic Major/Course of Study (actively	y pursuing):	_ _
Type of Program (Please check one):	Certificate Degr	ree Diploma
Total Hours Completed:	Total Hours Required for Proo	gram Completion:
Student is in good academic standing: Ye Comments:		mpleted/Enrolled In:
Wake Tech Official Signature:		Date:
For Official Use Only – Capital Area Wo		f denied provide recessing service to the high
Approved for Amount: \$ Comments:		f denied – provide reason in comments below)
CAWD Official Signature:		Date: