



Attachment A

Application for Financial Assistance from The Student Crisis Fund

Name: _____ Date of Enrollment: _____

Program: _____ Expected Completion Date: _____

Current Cumulative GPA: _____

Home Mailing Address: _____

Current Email Address: _____

Telephone: Cell: _____ Home: _____

Nature of Crisis/Catastrophe (Feel free to attach an additional sheet describing the crisis.): _____

Have you previously applied for assistance from the Student Crisis Fund? Yes _____ No _____

If yes, when? _____

Specific Financial need: How much do you need? How is the money to be spent? What are the names and addresses of creditors that you owe and want to pay with this grant? What are the total amounts owed to these creditors? Attach an additional sheet if needed for listing names, addresses and amounts owed each creditor. NOTE: You must attach copies of documents from the creditors that validate your financial need:

Attach a copy of your most recent pay stub.

What other resources have you contacted for help with your financial needs?

List the approximate amount and source of any additional financial help you are currently receiving:

\$ _____ Source: _____

\$ _____ Source: _____

I acknowledge that all the information I have provided, verbally and in writing related to my request for assistance is true and that any false information provided by me may result in the termination of my enrollment in the Baptist Health System School of Health Professions.

I also consent for the VP Ministry (or his designee) to verify all information related to this application for assistance. I understand that the Director of Admissions & Student Services and the Chief Academic Officer will review my request for assistance and make a final decision to approve or reject my request. I understand that my request for assistance application will have all identifying information removed before being sent for consideration.

Signature: _____

Date: _____