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SUMMARY OF ATTACHMENTS/LINKS:

Associated Policies/Procedures:	HR-96 Employee Crisis Fund
Other Associated Document(s):	
Associated Form(s):	Application for Financial Assistance from The Student Crisis Fund

APPROVED BY:

Approval Body	Name	Authentication Date
President	Bill Drees, Ed.D.	09/20

Student Crisis Fund

Addendum to Employee Crisis Fund

I. PURPOSE AND SCOPE

To provide operational guidelines for the Baptist School of Health Professions (BSHP) Student Crisis Fund. The BSHP Student Crisis Fund was established to provide limited financial assistance to BSHP students who have experienced an immediate and unexpected crisis or catastrophe that causes a significantly disruptive financial condition in their lives.

II. POLICY

A. Limitations

1. To be eligible to access the Student Crisis Fund, a student must be enrolled for a minimum of ninety (90) days and have a cumulative 2.50 grade point average.
2. Once a student has received financial assistance through the Fund, the student is ineligible to receive additional assistance for the duration of the currently enrolled program.

B. Examples of an “immediate and unexpected crisis or catastrophe” that are eligible to be considered for assistance include, but are not limited to:

1. Extensive damage or destruction of property due to fire, flood, or weather events.
2. Unexpected death or critical illness of a member of the student’s immediate family.
3. Unexpected illness or injury of a student.
4. Substantial theft or destruction of critical personal property.

C. The Student Crisis Fund is not intended to assist with financial dilemmas that are the consequences of poor financial management or are not the result of an unexpected crisis or catastrophe. Examples of situations and types of bills typically not eligible for assistance include, but are not limited to:

1. A reduction in hours because of student status.
2. Routine home or automobile repairs.
3. Legal fees or bail bonds.
4. Insurance deductibles.
5. Past-due bills (cell phone bills, cable TV bills, etc.).
6. Personal loans or advances.
7. Tuition/fees or books.

III. PROCEDURE

A. Requesting Assistance from the Student Crisis Fund

1. To request assistance, a student must submit a signed application (See **Attachment A**) to the Director of Admissions & Student Services. Note that the application requires the following information:

- a. Date of enrollment with BSHP with current cumulative grade point average.
 - b. A brief description of crisis or catastrophe causing a hardship.
 - c. Documentation validating the occurrence of the event and specific financial needs resulting from the event (repair estimates, deductible statements, etc.).
 - d. Other resources the student has accessed or applied to for help.
 - e. Copy of the student's most recent pay stub (if applicable).
2. Upon receiving an application for assistance the Director of Admissions & Student Services will:
 - a. Review the application for completeness and verify the general appropriateness of the application in keeping with the guidelines. This review may include an interview with the student to clarify and ascertain the circumstances of need. The student may be referred to other resources, such as community agencies.
 - b. Remove all specific personal identifiers from the application and forward it to the BSHP Chief Academic Officer. *Anonymity and confidentiality should always be respected!*

B. Review of Applications and Determination of Assistance

1. The Chief Academic Officer will review each application, including the supporting documentation, and make a decision within five (5) school days to approve or deny the request for assistance. The Chief Academic Officer will inform the Director of Admissions & Student Services of the decision.
2. If an application is denied for funding, the Director of Admissions & Student Services shall notify the student of the decision. Students may submit their request to the BSHP President for a final review if they do not agree with the decision. The President shall review, make the decision, and notify the student of the final decision.
3. If an application is approved for funding, the Chief Academic Officer will recommend the dollar amount of assistance and indicate to whom the check should be made payable. Consideration may be given to making checks payable directly to creditors.
4. Upon receiving the Chief Academic Officer's final approval to fund the request for assistance, the Director of Admissions & Student Services shall notify the student by email of the approval, indicating the amount to be provided and approximate timeframe to expect the check.
5. The Director of Admissions & Student Services will submit an email request to the Vice President of Ministry with payable name and dollar amount.
6. Upon receipt of funds in the Admissions & Student Services Department, the student will be notified via email and phone that the check is available for pick-up.

C. Student Crisis Fund Tracking – All Student Crisis Funds disbursed will be reported in an anonymous fashion to the BSHP Finance Department for tracking purposes. The information provided will not identify the recipient but will include the amount of funds disbursed.

IV. FUND CONTRIBUTIONS

The Student Crisis Fund is a subaccount of the BHS Employee Crisis Fund.



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: _____