

Freedom Bible College & Seminary Hardship Program Request Form

FBCS SYSTEM POLICY
(See attached copy of Guidelines)

Hardship Request for Payment Plan - In cases of severe financial hardship, you may request a reduced payment plan. Please complete all of the required information below and provide us with a statement of the specific circumstances you believe constitute severe financial hardship **and a proposed schedule for making payment**. All requests to extend the time for making payment must be approved by FBCS.

Application may be denied if any areas are left blank

Student Information

Name: _____ Student Number _____ Date of Enrollment: _____
Degree Plan: _____ Date(s) of Request: from _____ to _____
Place of Employment: _____ Employment Phone _____

Explanation of Financial Hardship

ATTACH DOCUMENTATION VERIFYING THE NEED FOR HARDSHIP PROGRAM

REQUIRED SIGNATURE

Please read this entire guideline sheet, and if you feel you have a legitimate request, complete, in full, the required forms along with any supplemental information or documentation that will support your request. Documentation should be very thorough and accurate. By claiming Financial Hardship you are authorizing a **FBCS** Staff member to review confidential information regarding your Financial Assistance Status for the purpose of verification.

Student: _____ Student Number _____ Date: _____

FORWARD FORM TO FBCS **Hardship Program** FOR COMMITTEE REVIEW
FBCS, P.O. Box 1060, Rogers, AR 72757

Hardship Committee

- Satisfactory Evaluation of Student's condition
- Length of Hardship Request Determined
- Payment Plan Selected
- Written Explanation of Financial Hardship

Approval / Denied by Committee

Approved Denied

Director of Finances: _____ Date: _____

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Guidelines

1. Student must be in good academic standing;
2. Financial Hardship. Evidence of a significant change in financial situation from the time enrollment until the present date must accompany this request.
3. Marriage/Change in Composition of Family Unit. Changes in marital status and/or family unit are subject to review and student is required to provide appropriate documentation within 30 days of the event.
4. If unemployment is the cause of your financial situation please explain.
5. Other. (Please attach supporting documentation and a written explanation, if appropriate.)

All information on this form is true and complete to my knowledge. I understand that falsification of information can lead to my petition being denied.

I understand that this is only a request and must be approved in writing if I am to be considered for the FBCS's hardship program. (This form must be filled out completely for consideration, or it will be returned to the student.)

Student: _____ Student Number _____ Date: _____