

Request for Distribution of Student Relief Funds

(Please Print)

Description

Faulkner Law maintains this charitable fund in order to assist students with traumatic losses or expenses that might otherwise prohibit them from completing their law school educations. Requests are considered on a case-by-case basis, taking into account such factors as the total funds available, the number of students in need, the amounts at issue, the unforeseeability of the loss or expense, and the requesting student's ability to continue his or her legal studies without assistance. Routine expenses such as car payments, rent, and common medical bills are not grounds for relief absent exceptional circumstances.

Applicant Information

Name: _____ Phone: _____

Email: _____

Address: _____

Basis for Request

Amount Requested (\$1000 Maximum): _____

Have you previously received funds from the Student Relief Fund? Yes No

If yes, provide the date and amount: _____

Identify the basis for your request (e.g., tornado, flood, theft), including the date of the event:

Please explain how you will use the funds if your request is granted: _____

Will you be compensated for this loss or expense, either through insurance or otherwise? Yes No

If you answered "yes" to the above question, describe the source of compensation, the amount of compensation, the anticipated timing of compensation, and any other pertinent information:

Are you requesting a loan or a gift? Loan (Expected Repayment Date: _____) Gift

Please explain how this loss or expense may impair your ability to complete your law school degree:

Additional Information

Use the space below to provide any additional information relevant to your request.

Certification

I understand that I am not entitled to any portion of the Student Relief Funds. I will hold Faulkner Law, the SBA, and all representatives of the school and this fund harmless from any decision to grant or deny my request. I certify that my answers above are true and complete to the best of my knowledge. I will supplement this application with additional information if, after submission, there is any change in the information provided. I understand that false or misleading information on this application may constitute a violation of the Honor Code.

Signature: _____

Date: _____

Submission

After completing this Request, please submit it to the Assistant Dean of Students, Jennifer DeBoer, either via email (jdeboer@faulkner.edu) or in person.