



LU Employee Benevolence Fund Guidelines & Application

OUR MISSION

On behalf of Liberty University, the Employee Benevolence Fund Council is committed to an effort to provide emergency relief to eligible faculty and staff members of the University who are facing an unforeseen, emergency, financial hardship.

APPLICATION PROCESS

All requests for assistance from the Benevolence Fund shall be made by submitting a "LU Employee Emergency Assistance Application" to the Chairman of the Executive Committee. This application can be accessed by going online to www.liberty.edu/employeebenevolence or by request from the Chairman of the Committee. The application should contain all information which will aid the Committee in evaluating the request. This could include medical bills, physician reports, fire or flood reports, documented loss of income due to illness or accident. The completed form should be delivered to the Office of Development to the attention of Benevolence Fund Department.

- All members of the Executive Committee will keep requests to and disbursements from the Fund confidential to individuals outside of the Executive Committee, except as required by other University policies and procedures or by law.
- The Executive Committee shall approve or deny requests based upon the criteria noted in Article IV, and provided that funds are available for distribution.
- Decisions of the Executive Committee are final. There is no appeal process.
- The person requesting assistance will be notified of the decision by the Chairman or their delegate.
- Upon approval of assistance, funds shall be requested from Accounting and in most cases, available within 10 working days, if not sooner.

ELIGIBILITY CRITERIA

The Executive Committee will evaluate employee requests and render decisions regarding the disbursement of funds in accordance with the following criteria:

- Requestor must be an employee of Liberty University in a full or part-time position and have been employed for at least one year. Temporary employees and student workers are not eligible.
- Requestor's need for financial assistance must come from emergency, unforeseen circumstances beyond the employee's control. This would not include living beyond one's means. This undue, financial hardship may be the result of fire, theft, natural disasters such as flood, hurricane, or loss of essential property or primary residence due to circumstances beyond requestor's (or requestor's family's) control. Also included would be death within the immediate family, accident, illness or disability.
- Expenses that would not be included for consideration would be: poor financial planning, divorce, non-essential items such as cell phone, cable, credit card payments, expenses related to car repairs, general dentistry, bail, garnishments, judgments, child care, debt repayment or consolidation, litigation, medical needs for which insurance or a charity hospital is available.
- Employees may submit only one application within an 18 month period. No more than 3 applications may be submitted within the employee's total term of employment.
- A committee member may not participate in consideration of an application for an award to the member's family.

AWARD LIMITS

All decisions of the committee are final. The committee will review requests within 3 working days of receipt of application. Due to fund availability, it may not always be possible to approve all qualifying requests. The amount awarded to all applicants cannot exceed the available balance in said Fund. Should the funds available not be sufficient to meet the current needs, the Fund Office will communicate the need via email to departments within the university.

LU EMPLOYEE EMERGENCY ASSISTANCE APPLICATION

CONFIDENTIAL – This form is for OFFICE USE only and may not be disclosed except with specific written consent. Confidential information will only be disclosed without written consent if the client reveals the potential of physical harm to himself/herself or someone else OR IN THE EVENT OF FRAUD. I understand that a copy of my application will be retained for Liberty University Employee Emergency Assistance Fund records.

Employee Name: _____ Employee ID #: _____

Also Known As: _____ Date of Birth: ____ / ____ / ____

Address: _____
City State Zip

Main Phone: (____) _____ - _____ Alternate Phone: (____) _____ - _____

Length of service at Liberty University _____ Full or Part Time (circle one)

☐ Married ☐ Single ☐ Divorced ☐ Widow/Widower

☐ Own/purchasing home ☐ Rent Number of people in your household _____

Details of Request:

Please describe the financial hardship and expenses related to them. Attach copies of bills/documentation related to the emergency that resulted in the financial hardship. Attach additional pages if necessary.

(Note: The committee may request additional information before making a decision)

Amount Requested: \$ _____

I certify that the information provided on this application is complete and accurate and that my financial hardship is genuine. I certify that all supporting documents that I provide are valid and accurate. I will apply all money received from the fund toward debts related to the hardship. I understand that my application will not be considered for financial assistance if it is found to contain misleading information.

Employee signature

Date

Please fill out this form and return to: Office of Development – or email to sbarringer@liberty.edu