

**Goldfarb School of Nursing (GSON)  
at Barnes-Jewish College  
Student Affairs Policies/Procedures**

**TITLE: The Goldfarb School of Nursing Emergency Compassion Fund Policy – GSON Students**

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**SUBMITTED/REVIEWED BY:** Michael D. Ward, Ph.D., RTR, FASRT  
Vice Dean for Student Affairs and Diversity

**LAST REVIEWED/REVISION DATE:** Revised – October 9, 2020

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## **Policy Statement**

We recognize that students may experience significant life situations that are unexpected and can disrupt their education. The Goldfarb School of Nursing Emergency Compassion Fund (Compassion Fund) was established to provide financial assistance to nursing students who encounter unexpected emergency or crisis situations that would impact their ability to meet and successfully complete their academic requirements. These funds are designed to help offset the financial impact of a personal emergency.

The Compassion Fund was established to provide a financial assistance award and is funded through a combination of resources.

## **I. Eligibility**

To be eligible for a financial assistance, a student must be currently enrolled and be able to provide a description of their emergency situation which may include supporting documentation at some point during the process.

## **II. Procedure**

The Compassion Fund application can be found on the College website or is available immediately by contacting the Academic and Student Support Advisors who are ready to provide support and assist applicants to complete the application process in a timely manner.

- A. Student completes the Compassion Fund application form with the assistance and support of his/her Academic and Student Support Advisor. The student's advisor is available for support during this process and to answer any questions. A consultation with a Student Assistance Program counselor may be recommended to ensure comprehensive support and problem solving.

Be prepared to describe the circumstances and we will be ready to provide help as quickly as possible. Student includes a statement explaining the emergency and describing how the College can best support them in their time of need.

Supporting Documentation Requirements:

1. At some point during this process, verification documents/statements may be requested.
  2. Handwritten statements or letters may be included with the application.
- B. The application form is provided to the Vice Dean of Student Affairs and Diversity who immediately activates the review process.
- C. The Vice Dean for Student Affairs and Diversity consults with the President for Goldfarb School of Nursing who makes the final decision.
- F. Sign off is made by the President of Goldfarb School of Nursing.
- G. Disbursement of approved funds is made after processing the request with the Business Office. The disbursement will be made as quickly as possible but could take several days.

**III. Exclusions to this policy:**

- A. These funds are not intended for:
1. Maintenance or improvement of one's current standard of living
  2. Financial problems due to divorce, court judgments, bail, fines or taxes
  3. Problems due to overdrawn accounts or over-extended credit cards

**NOTE:** Any assistance provided to a student because of his or her enrollment in a postsecondary educational program is considered Estimated Financial Assistance (EFA) unless it is specifically excluded.

**Goldfarb School of Nursing  
Emergency Compassion Fund – Application Form**

**CONFIDENTIAL**

Date: \_\_\_\_\_ Academic and Student Support Advisor: \_\_\_\_\_  
(signature)

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Academic Program: \_\_\_\_\_ Term: \_\_\_\_\_

GSON Location: \_\_\_\_\_ Duncan Campus Site \_\_\_\_\_ West Campus Site

Please describe the emergency that has caused your need for the Emergency Compassion Fund:

**Goldfarb School of Nursing  
Emergency Compassion Fund – Application Form**

How do you prefer to be contacted for further information? \_\_\_\_\_ Email? \_\_\_\_\_ Phone?

Please provide email address to use: \_\_\_\_\_

Please provide phone number to use: \_\_\_\_\_

**Documentation for verification may be requested at some point in this process.**

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*(for internal use only)*

**Follow up information requested:**

**Referral to Student Assistance Program made: \_\_\_\_\_ Yes \_\_\_\_\_ No**

**Emergency Compassion Fund Award: \_\_\_\_\_ Approved \_\_\_\_\_ Denied**

**Total Amount of Award: \_\_\_\_\_**

**Date application was received: \_\_\_\_\_**

**Date student was notified: \_\_\_\_\_**

**Comments –**

\_\_\_\_\_  
**Dr. Nancy Ridenour, President**

\_\_\_\_\_  
**Date**