



Baylor University

Baylor Family Compassion Fund Application for Assistance

The Baylor Family Compassion Fund is a charitable assistance program funded exclusively by Baylor University faculty, staff and others for the sole purpose of providing financial assistance to current Baylor faculty, staff, official Baylor retirees or current employees of Baylor’s official vendor partners who work on Baylor campus in support of Baylor. No individual is entitled to a grant from the Compassion Fund based on their prior contributions to the fund. The Compassion Fund is intended to be a last resort resource after the potential recipient has exhausted all other reasonable avenues to meet their needs. This application will assist the Compassion Fund committee in determining an allocation based on criteria outlined in the by-laws. All information provided is confidential, shared only on a need-to-know basis.

Name of person making request: _____ Person Number: _____

Phone Number: _____ Email: _____ Best time/method to contact: _____

Date of Employment: _____

Classification: Faculty Staff Official Baylor Retiree Official Baylor On-Campus Vendor Employee

Name of Vendor: _____

Amount Requested: _____ Timeframe for allocation that best suits your need: _____

Name of specific company/vendor/utility/hospital requesting payment:

Description of Need[†]:

Explanation of other avenues of assistance already explored:

[†]Please attach copies of supporting documentation to substantiate the need such as notice to disconnect utility, notice of eviction, notice of foreclosure, etc., that includes the name and address of the person making the request.

My signature below indicates that I am the person making this request of the Baylor Family Compassion Fund and meet the basic criteria for this application. I understand that the information I provide will be kept confidential. I understand that this application is not a guarantee that assistance will be provided, and I will be notified of the decision made by the Baylor Family Compassion Fund committee as soon as possible.

Signature of Applicant

Date (MM/DD/YYYY)

You may return this completed application and supporting documentation in a confidential envelope in person, via mail, or via email.

In Person

Human Resources
Suite 200
Cliton Robinson Tower

Mail

Baylor Family Compassion Fund
C/O Randall Brown, Manager of Benefits & Wellbeing
One Bear Place #97053
Waco, TX 76798-7053

Email

randall_brown@baylor.edu

Questions regarding the Baylor Family Compassion Fund may be directed to Human Resources at 254.710.2000.

For Office Use Only: Received: _____ Committee Contacted: _____ Convened By: In-Person Virtual

Recommendation:
