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**COVID-19 Financial Aid Request Form**

**Privacy Information:**

1. **All information submitted will be held in the strictest confidence.**
2. **The only person who will be able to identify the applicant is the person on the Financial Aid Committee who monitors the** [**FinAid@bethami.org**](mailto:FinAid@bethami.org) **email account.**
3. **Upon receipt of your application, this person will assign a number in place of your name prior to your application being reviewed by the Financial Aid Committee.**

Name:

Email Address:

Phone Number:

If we need to contact you, do you prefer email or phone?

Total Dues/Tuition/Fees that were owed for fiscal year 2019-2020:

Amount remaining to be paid for fiscal year 2019-2020:

Amount you can pay between now and June 30th:

Reason for Application (Please be specific as to the effect on your family, including percentage or dollar amount of your income lost recently):