



**Housing Office  
Meal Plan Requirement  
Reduction/Exemption Request  
for 2020-21**

All residents of apartments may choose from the 5-, 10-, or full-meal plan.

All residents of traditional halls and houses (which include Market Square South, Miller Creative Quad, and the Corner House) are required to have the full-meal plan. The exceptions to this are students residing in the language immersion program in Smith House; those students may opt for the 10-meal plan as many of their evening meals are cooked and enjoyed together as part of their program.

You may appeal this rule by applying for a reduced meal plan. Approvals are rare and are decided by a committee of five. Decisions will be rendered based on several factors, including documentation, and decisions are final. Decisions are final. There is no appeal process. Requesting an exemption IS an appeal.

Students must meet at least one of the two exemption criteria listed below. Requesting a reduction or exemption request does NOT guarantee a reduction or exemption approval.

**Requests are due and will not be granted after July 15 for the fall semester or after November 15 for the spring semester.**

Meal Plan requirement reduction/exemption permission is valid for one academic year at a time. Students must request permission on an annual basis.

Include your full name and student ID number on all documentation. If you request a meal plan requirement reduction/exemption due to a special situation that was not listed as an option on the application form, attach a letter explaining your situation, including specific reasons for your request.

It is the student's responsibility to provide documentation to justify their reduction/exemption status. All required documentation and the attached form may be:

- Hand delivered to the Jill Hankins, SLTC 208;
- Faxed to: (501) 450-1455; or,
- Mailed to: Jill Hankins, Hendrix College, 1600 Washington Avenue, Conway, AR 72032.

### **EXEMPTION CRITERIA**

#### **I have a documented disability that requires a meal plan requirement reduction/exemption.**

Required documentation must be submitted prior to consideration: A typed letter from a medical doctor or licensed counselor, who is not a family member. Documentation from the Hendrix Counseling Center will not be considered due to conflict of interest. The letter must cite the specific reason(s) that a meal plan reduction/exemption will benefit the student. The documentation must be typed, on letterhead, provide specific diagnosis and accommodations request, and provide a clear relationship between accommodation and diagnosis. Further documentation and/or records may be requested by the Housing Office.

#### **I have a financial need.**

Required documentation must be submitted prior to approval: Problems of a financial nature are best dealt with by members of the Financial Aid office. Because the issues you are experiencing may have impact on your eligibility for financial aid, thereby potentially alleviating concerns about meal plans, you must meet with either the Director or Assistant Director of Financial Aid. Before they can accurately evaluate your situation, it is imperative that the Free Application for Federal Student Aid (FAFSA) be completed. This form can be found via Hendrix's web site at <http://hendrix.financial.collegetrends.org/fafsa.html> or directly at [www.fafsa.ed.gov](http://www.fafsa.ed.gov). Financial aid appointments can be made by visiting their offices on the second floor of Dawkins or by calling (501) 450-1368.

I have read and agree to the terms and conditions listed on this form and the accompanying document.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Housing Office  
Meal Plan Requirement  
Reduction/Exemption Request  
for 2020-21**

<b>For Office Use Only:</b>		
Received Date/Time	_____	
By:	_____	
Class-Cohort	Draw #	EFC

**Due July 15 for fall semester and November 15 for spring semester.**

Name: \_\_\_\_\_

ID Number: \_\_\_\_\_ Started at Hendrix \_\_\_\_\_ Fr So Jr Sr  
Month/Year Circle ONE

Housing Placement for 2020-21 (if known): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_@hendrix.edu

Requesting:  No Board  5 Meal Plan  10 Meal Plan  Full Meal Plan

Reason for requesting exemption: (Check all that apply)

\_\_\_ I have a documented medical disability that requires meal plan reduction/exemption.  
(Attach a letter from your doctor.)

\_\_\_ I have a financial need.  
(Have FAFSA on file in the Financial Aid Office. A letter of explanation by you may be beneficial.)

\_\_\_ Reason not listed.  
(Attach a letter explaining your situation, including specific reasons for your request.)

Meal plan requirement exemption/reduction requests will be granted on a case-by-case basis. Requesting a meal plan requirement reduction/exemption does NOT guarantee approval. All documentation and this form may be:

- Hand delivered to the Hand delivered to the Housing Office, SLTC 208;
- Faxed to: (501) 450-1455; or,
- Mailed to: Hendrix College, Housing Office, 1600 Washington Avenue, Conway, AR 72032.

Requests are due and will not be accepted after July 15 for the fall semester or after November 15 for the spring semester.

Please include your full name and student ID number on all documentation.

I have read and agree to the terms and conditions listed on this form and the accompanying document.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

OFFICE USE ONLY: <input type="radio"/> Approved Date _____ Plan _____ <input type="radio"/> Denied Date _____
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