E-mail: benefits@uchicago.edu Fax: 773-834-0996

Application Instructions and FAQs for Faculty Children's Scholarship Plan

Active Faculty and Other Academic Appointees (OAA)

Basic Instructions

- 1. Please complete the application form on the next page.
- 2. Please scan and attach the completed application, along with the official copy of the itemized semester/quarter bill and all scholarship award letters, to an email and send to benefits@uchicago.edu.
- 3. You may also fax all materials to 773-834-0996 or deliver/mail them to 6054 South Drexel Avenue, Chicago IL 60637.

Frequently Asked Questions

How long will it take before I receive my Faculty Children's Scholarship Plan (FCSP) benefit?

• Processing time for completed applications will take approximately 2 weeks. Please include any documentation that is requested, and return the application per the instructions above. Please note that including all required information will allow us to expedite the processing and payment.

How will I receive the benefit?

Your FCSP benefit will be disbursed in the same manner as your salary; either via direct deposit into your
designated bank account or in a check delivered to your local administrator. Even though you are paid on a
monthly basis, your FCSP benefit will be paid via the bi-weekly payroll schedule to expedite the payment
process.

How often do I submit a new application?

• The application is submitted each quarter/semester.

Other than the application form, what information do I submit with my application?

 Please submit an official copy of the current period's itemized bill and all scholarship award notification letters detailing the terms of all scholarships.

Will my benefit payment equal the full amount of the semester/quarter tuition?

• Please refer to the <u>Educational Assistance Plan Summary of Benefits</u> for additional information regarding maximum benefit amounts, deductions and taxation rules.

How can I learn about the status of my application?

• If you elect to receive status emails (please see the application), you will be advised via email of the anticipated date on which you will receive your FCSP payment.



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APPLICATION FOR FACULTY CHILDREN'S SCHOLARSHIP PLAN

Faculty Member or OAA Name:		Last four of SS#:	
Department/School:		Work Phone:	
Work Email:		Home/Cell Phone:	
Do you want to receive system gen Yes No (please circl		e status of your a	pplication?
Child's Name:			
Last four of SS#:	Date of Birth:	Studen	t ID#:
Undergraduate Year:			
Name of the Accredited College or	: University the child will b	e/is attending:	
I am a (please select one of the foll First-time applicant Repeat applicant	<u>e,</u>		
Tuition		\$	semester/quarter (circle one)
Less other tuition scholarship (if a	ny)	\$	semester/quarter (circle one)
The above named child is (check o	ne):		
my unmarried stepson/ste the unmarried son/daught dependent on my federal i	ter of my University-registe income tax return.	s a dependent on ered, same-gende	eral income tax return. my federal income tax return. er domestic partner and is named as a as a dependent on my federal income
Faculty Member or OAA Signature	a•		Date:
	FOR OFFICE US	SE ONLY	
Hire Date: Tuition Benefit Amount:	re Date: Taxable: ition Benefit Amount:		