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

Application Instructions and FAQs for Faculty Children's Scholarship Plan

Eligible Retired Faculty or Other Academic Appointees, and/or Surviving Spouses or University-Registered, Same- Gender Domestic Partners

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 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?

The benefit payment will be made payable to you and mailed to the address provided on this application.

How often do I submit a new application?

• The application is submitted each quarter/semester.

Other than the application form, what other 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.



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APPLICATION FOR FACULTY CHILDREN'S SCHOLARSHIP PLAN

Eligible Retired Faculty, Other Academic Appointees, and/or Surviving Spouses or University-registered, same-gender Domestic Partners

Retried Faculty Member or OAA Na	me:	Last four of SS#:		
Surviving Spouse or University-Regis	stered Same-Gender Don	nestic Partne	r Name:	
Home Mailing Address:				
Former Department/School:			<u> </u>	
Email:	Home/	Home/Cell Phone:		
Child's Name:		_		
Last four of SS#:	Date of Birth:	Stu	dent ID#:	
Undergraduate Year:				
Name of the Accredited College or U	Jniversity the child will b	e/is attendin	g:	
I am a (please select one of the follow	wing):			
First-time applicant	C,			
Repeat applicant				
Tuition		\$	semester/quarter (circle one)	
Less other tuition scholarship (if any))	\$	semester/quarter (circle one)	
The above named child is (check one	<u>2):</u>			
, , ,	daughter and is named as of my University-registe	a dependent	federal income tax return. t on my federal income tax return. ender domestic partner and is named as a	
		l who is nam	ed as a dependent on my federal income	
Retiree/Surviving Spouse Signature:			Date:	
	FOR OFFICE US	E ONLY		
Hire Date: Tuition Benefit Amount:		Taxable:		