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 Educational Assistance Plan Summary of Benefits 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.
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 generated emails regarding the status of your application?

Yes   No  (please circle one)

Child’s Name: _______________________________________________________________________

Last four of SS#: __________ Date of Birth: __________ Student ID#: _______________

Undergraduate Year: ___________________________________________________________________

Name of the Accredited College or University the child will be/is attending:
____________________________________________________________________________________

I am a (please select one of the following):

_____ First-time applicant

_____ Repeat applicant

Tuition  $________________________ semester/quarter (circle one)

Less other tuition scholarship (if any)  $________________________ semester/quarter (circle one)

The above named child is (check one):

_____ my unmarried son/daughter and is named as a dependent on my federal income tax return.

_____ my unmarried stepson/stepdaughter and is named as a dependent on my federal income tax return.

_____ the unmarried son/daughter of my University-registered, same-gender domestic partner and is named as a dependent on my federal income tax return.

_____ an unmarried child for whom I am legal guardian and who is named as a dependent on my federal income tax return.

Faculty Member or OAA Signature: ___________________________________________ Date: ________________

FOR OFFICE USE ONLY

Hire Date: __________________________ Taxable: __________________________

Tuition Benefit Amount: __________________________

Effective 7/31/2012