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 Educational Assistance Plan Summary of Benefits for additional information regarding
  maximum benefit amounts, deductions and taxation rules.
APPLICATION FOR FACULTY CHILDREN’S SCHOLARSHIP PLAN
Eligible Retired Faculty, Other Academic Appointees, and/or Surviving Spouses or University-registered, same-gender Domestic Partners

Retired Faculty Member or OAA Name: __________________________ Last four of SS#: __________________

Surviving Spouse or University-Registered Same-Gender Domestic Partner Name: __________________________

Home Mailing Address: __________________________________________________________

Former Department/School: __________________________________

Email: __________________________ Home/Cell Phone: __________________

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.

Retiree/Surviving Spouse Signature: __________________________ Date: __________

FOR OFFICE USE ONLY

Hire Date: __________________________ Taxable: __________________________

Tuition Benefit Amount: __________________________

Effective 8/3/2012