

**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)

Below, you must also provide the amount of any other scholarship for College or University costs (submitting this information will not change the amount of the scholarship provided by the University of Chicago under its Plan):

\$ _____ 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 domestic partner or partner in a civil union recognized in Illinois 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.

If retired from the University, by signing below you also certify to the following:

- a) The above-named child was named as a dependent on my federal income tax return for the calendar year during which I retired from the University;

- b) I am not currently employed, self employed or working as an independent contractor in a full-time capacity or in a position that is eligible for benefits commonly available to full-time employees; and
- c) I have attached, for the University's consideration, documentation (such as a copy of my most recent federal income tax return or relevant pages thereof) to verify my status as described in section b) above and to verify that the above-named child is my dependent.

Faculty Member or OAA Signature: _____ Date: _____

FOR OFFICE USE ONLY

Hire Date: _____
Tuition Benefit Amount: _____

Taxable: _____