

APPLICATION FOR TUITION ASSISTANCE AT THE LABORATORY SCHOOLS

If you are full-time benefits-eligible employee of the University of Chicago, you are entitled to tuition assistance for your children attending the Laboratory Schools. The University pays 50% of the tuition at the University of Chicago Laboratory Schools for the dependent child(ren) of eligible employees. You do not need to apply every academic year for the flat 50% of tuition benefit unless there is a change in status.

The University also offers a tuition assistance benefit based on a family's total household adjusted gross income. You are required to verify your household income to apply for a benefit greater than 50%. A copy of pages 1 and 2 of your most recent Federal Income Tax Return must be submitted with the application. You may redact all income information on your tax return(s) except for the line showing "adjusted gross income". To receive this benefit, you will need to apply every academic year and submit a copy of pages 1 and 2 of your most recent Federal Income Tax Return(s).

For families with total incomes less than \$250,000, the family share of the Laboratory Schools tuition for University-affiliated families will be 6.4 percent of the annual household adjusted gross income* (AGI), adjusted as outlined in the [sliding household income scale](#). Families are assigned to AGI brackets of \$5,000 and pay 6.4 percent of the mean of the bracket. Families enrolling more than one child will receive a \$2,000 tuition discount for each child, as described in the Educational Assistance Plan.

** Total Annual Household Adjusted Gross Income includes your income and the income of your spouse or University-Registered Same-Sex Domestic Partner or Illinois Civil Union Partner. It also includes the income of both custodial parents (i.e., non-married custodial parents).*

Please complete this form and return (with required, supporting documentation) via fax to 773.834.0996 or scan the form and required, supporting documentation and email to benefits@uchicago.edu. You must provide proof of the child/dependent relationship. Please attach a copy of the child's birth certificate, adoption papers, or legal documents indicating you are the child's parent to each application.

Employee Name: _____ UChicago ID#: _____
Department: _____ Work Phone: _____
Appointment Date: _____ Email Address: _____

I am applying for the remission benefit of (check one):

- 50% of Tuition Greater than 50% of Tuition (based on my household income)

Child First Name	Child Last Name	Child Date of Birth	Laboratory Grade	Laboratory Quarter (Check all that apply)			
				<input type="checkbox"/> Spring	<input type="checkbox"/> Summer**	<input type="checkbox"/> Autumn	<input type="checkbox"/> Winter
				<input type="checkbox"/> Spring	<input type="checkbox"/> Summer**	<input type="checkbox"/> Autumn	<input type="checkbox"/> Winter
				<input type="checkbox"/> Spring	<input type="checkbox"/> Summer**	<input type="checkbox"/> Autumn	<input type="checkbox"/> Winter
				<input type="checkbox"/> Spring	<input type="checkbox"/> Summer**	<input type="checkbox"/> Autumn	<input type="checkbox"/> Winter
				<input type="checkbox"/> Spring	<input type="checkbox"/> Summer**	<input type="checkbox"/> Autumn	<input type="checkbox"/> Winter

**Only Summer School classes offered for High School credit are eligible for tuition remission. (Summer Lab is excluded).

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/daughter and is named as a dependent on my federal income tax return.
 the unmarried son/daughter of my University-approved 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.

I hereby apply for reimbursement in accordance with the established Educational Assistance Plan. I have read the plan as stated and understand its provisions. I attest that the information provided above is true and that the attached documents are valid.

Employee Signature: _____ Date: _____

FOR BENEFITS ONLY: F / A / S / L / O

Approved Amount _____ Denied and Reason: _____

Benefits Staff Signature: _____ Date: _____