



APPLICATION FOR LABORATORY SCHOOLS TUITION REMISSION BENEFIT FOR UNIVERSITY-AFFILIATED FAMILIES

If you are full-time, benefits-eligible employee of the University of Chicago, you are entitled to tuition remission for your child(ren) 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 your family's annual household adjusted gross income* (AGI) or filing status.

If your family AGI is below a certain threshold, the University also offers an enhanced tuition remission benefit. 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 lines showing your name, the names of your dependents and "adjusted gross income." To receive this additional 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 2021-2022 academic year, families will need to submit a 2020 tax return. If you have not filed a 2020 tax return, you cannot be considered for anything above the standard 50% benefit.

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% 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% 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 Same-Sex Domestic Partner Registered with the University before December 31, 2016 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 for (required):
[] Academic Year 2021-2022
[] Academic Year 2022-2023

I am applying for the remission benefit of (required):
[] 50% of Tuition
[] Greater than 50% of Tuition (based on my household income)

Table with 5 columns: Child First Name, Child Last Name, Child Date of Birth, Laboratory Grade, Laboratory Quarter (Check all that apply). Rows include checkboxes for Spring, Summer, Autumn, and 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: _____