



APPLICATION FOR DIVERSE LEARNERS TUITION PORTABILITY BENEFIT

Beginning with the 2019-2020 school year, the diverse learners tuition portability benefit ("diverse learners benefit") is a taxed tuition benefit available for eligible (link to FAQs) individuals whose child(ren) attend(s) one of two Hyde Park schools: City Elementary (https://www.cityelementary.org/) or Hyde Park Day School (http://hydeparkday.org/). The benefit is paid in two equal installments (September and January).

Those eligible for the diverse learners benefit in 2020-2021 or any subsequent year will receive a taxable tuition benefit in an amount equal to the tuition remission they would have received if their child(ren) attended the Laboratory Schools. For more information about the enhanced University of Chicago Laboratory Schools tuition remission benefit, please visit this link.

If your total household adjusted gross income (AGI) is below \$250,000, you will need to include with this application evidence of your total household AGI. To verify your total household AGI, you must submit a copy of pages 1 and 2 of your most recent federal income tax return with this application. You may redact all information on your tax returns except for the line showing adjusted gross income*. To receive this benefit, you will need to apply in advance of every school year and you will need to include the necessary tax return documentation.

*Total 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 application and return (with required supporting documentation) to benefits@uchicago.edu by August 1, 2020. 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. Complete a separate application for each child/dependent. A copy of the school's acceptance letter must be attached to this application every school year.

Employee Name: _____ UChicago ID#: _____

**Employee Primary Address: _____

Department: _____ Work Phone: _____

Academic Appointment Date: _____ Email Address: _____

*To be eligible for the diverse learners benefit, an eligible employee's primary residence must be located in one of the University's nine mid-South Side neighborhoods as defined by in the University's Employer-Assisted Housing Program (each, a "Designated Neighborhood"). The list of the nine Designated Neighborhoods and their boundaries can be found here. Residency will be confirmed based on the employee's current address in Workday.

I am applying for the following diverse learners benefit (check one):

- Below \$250K tuition remission benefit
At or above \$250K tuition remission benefit

Child Name: _____ Child Date of Birth: _____

Grade in school: _____ School Name: _____

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-approved domestic partner & is named as a dependent on my federal income taxreturn.
an unmarried child for whom I am legal guardian and who is named as a dependent on my federal income taxreturn.

I hereby apply for the diverse learners benefit in accordance with the established Educational Assistance Plan. I have read the plan as stated and understand its provisions. I attest that my child is enrolled at City Elementary or Hyde Park Day School and attach here a letter from my child's school confirming enrollment. The information provided above is true and the attached documents are valid.

Employee Signature: _____ Date: _____

FOR BENEFITS ONLY:

- Primary residence in one of nine mid-South Side neighborhoods confirmed.
Approved \$_____ (amount of tuition benefit) Denied and Reason: _____

Benefits Staff Signature: _____ Date: _____