

Autumn Quarter Dependent Care Support Grant Program Application

Current Date

Instructor of Record:

Last Name: First Name: Middle Initial:
Daytime Phone #: Email:
Division or School: Department:

Course & Schedule:

Course Name & #:
Classes/week: Class Hrs:

Dependent Information:

Name: Age:
Relationship to Applicant:
Name: Age:
Relationship to Applicant:
Name: Age:
Relationship to Applicant:
Name: Age:
Relationship to Applicant:

Please describe the service(s), including their source & cost, obtained to care for the above-listed dependent(s) during your class meeting times.

Service(s) to Care for Dependents:

The University will allocate funds in the first instance to instructors of record who are single parents of dependents who are not self-sufficient; who are the primary care giver for a parent who is not self-sufficient; and/or whose household income makes the costs of caring for dependents while those instructors are teaching class remotely or teaching in person at the same time as the dependents are at home due to remote learning or otherwise as a result of the coronavirus pandemic a hardship for their family. Please describe which if any of these circumstances applies to you.

GRANT REQUEST: \$

I understand that the University has a limited pool of funds to support this grant program and will allocate funds in the first instance to instructors of record who are single parents of dependents who are not self-sufficient; who are the primary care giver for a parent who is not self-sufficient; and/or whose household income makes the costs associated with teaching remotely or teaching in person at the same time as the dependents are at home due to remote learning or otherwise as a result of the coronavirus pandemic a hardship for their family.

I certify that (1) the grant amount requested above does not exceed the amount of reasonable and necessary expenses for dependent care services I have incurred because of the transition to distance learning as a result of the novel Coronavirus pandemic, and (2) the cost for dependent care services to be covered by the requested grant has not and will not be paid for or reimbursed by any other source, including but not limited to insurance.

Signature

Date

For additional information please contact

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Transitional Dependent Care Support Grant Eligibility is outlined on the Office of the Provost [website](#).