



SCHOLARSHIP FOR SONS AND DAUGHTERS OF THE FACULTY AND STAFF

CHILD SCHOLARSHIP CHANGE FORM

I. STUDENT SECTION: (Please Print)

Name: (First) (Middle) (Last)

Please place a check in the box to indicate what information is changing.

Change [ ] Student's Marital Status: [ ] Single [ ] Married

Change [ ] Change of School (name of new institution):

Student ID Number (if known):

Business Office /Bursar Address: Street Address

City State Zip Code

[ ] Associate's Degree\* [ ] Bachelor's Degree\*

\*Student must be a matriculating full-time student enrolled in an accredited bachelor or associate degree granting program. The maximum benefit is variable based on the degree program.

First term for which assistance is requested:

[ ] Semester Term: [ ] Fall Term Year OR [ ] Spring Term Year

[ ] Trimester Term: [ ] 1st Term Month/Year [ ] 2nd Term Month/Year [ ] 3rd Term Month/Year

[ ] Other Term: (Please explain.)

\*\*\*\*\*

II. EMPLOYEE SECTION: (For Parent or Guardian)

Print: Name (First, Middle, Last) Employee NetID Preferred Phone Number (xxx-xxx-xxxx)

\*\*By signing below, I certify the information above is true to the best of my knowledge and will notify the Employee Service Center of any changes that may occur with my employment status, my dependent's marital status, or that of my dependents' scholarship/grant funding that would impact eligibility of the child scholarship. I also certify that all itemized tuition bills submitted for calculation of the child scholarship award will be complete and will list all applicable grant/scholarship information from outside institutions. If you are submitting the form via e-mail, your typed name below will suffice as your signature

Parent or Guardian Signature\*\* Today's Date (xx/xx/xxxx)

**III. SUBMISSION INSTRUCTIONS:** Please forward this completed form to the **Yale University Employee Service Center:**

**E-mail:** [employee.services@yale.edu](mailto:employee.services@yale.edu)\*\*\*

**Fax:** 203-432-5153

**Campus Mail:** 221 Whitney Avenue, Employee Service Center

**U.S. Mail:** P.O. Box 208256, New Haven, CT 06520-8256 (*if necessary*)

\*\*\* For your convenience and to help support the University's sustainability initiatives, we encourage you to submit this form and itemized term bill to the Employee Service Center via e-mail. You will need to print your name and employee NetID on the itemized term bill before you scan and send the document via e-mail.

**IV. SCHOLARSHIP INFORMATION: (Please Read Carefully)**

- 1. PLAN DOCUMENT:** The details of the Scholarship Plan for Sons and Daughters of the Faculty and Staff of Yale University are set forth in the Plan Document, a copy of which may be obtained from the Benefits website under the "Scholarship" heading at [http://www.yale.edu/hronline/benefits/plan\\_docs.html](http://www.yale.edu/hronline/benefits/plan_docs.html).
- 2. REQUIREMENT FOR PAYMENTS TO SCHOOL:** A copy of the School's Bursar or Business Office *itemized* term bill, indicating the employee name and NetID, must be forwarded to the Employee Service Center each term in order for the payment to be processed.\*

**\* An itemized term bill must be submitted each term before payment will be processed. Please indicate employee name and NetID on the term bill\***