



APPLICATION FOR SCHOLARSHIP FOR SONS AND DAUGHTERS OF THE FACULTY AND STAFF

FOR FIRST-TIME APPLICANTS ONLY

I. STUDENT SECTION: (Please Print)

Name: (First) (Middle) (Last)

Student's Marital Status\*: [ ] Single [ ] Married

Student ID Number (if known):

Social Security Number: / / Date of Birth: / / Month Day Year

[ ] Child [ ] Adopted Child\*\* [ ] Step Child\*\* (\*\*Additional documentation is required; contact the Employee Service Center.)

College or University Attending:

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's or associate's 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. )

NOTE: Proof of age is required for first-time applicants (Please read Section III (#2) on the next page.)

II. EMPLOYEE SECTION (Parent or Guardian) [ ] Check here if this is your first time applying for the scholarship benefit for any child.

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

Please check the box below that indicates your eligibility for the scholarship benefit based on your service.

- [ ] I have been employed full-time continuously for six (6) years prior to my child's matriculation. OR
[ ] I have been employed full-time continuously for four (4) years prior to my child's matriculation and have 48 months of prior full-time, continuous or non-continuous service.

\*\*By signing below, I certify the information above is true and for the time period in which my dependent receives this scholarship award I 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. SCHOLARSHIP INFORMATION: (Please Read Carefully)

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).

1. **HOW DO FIRST-TIME APPLICANTS APPLY?** By submitting the "APPLICATION FOR SCHOLARSHIP FOR SONS AND DAUGHTERS OF THE FACULTY AND STAFF (FOR FIRST-TIME APPLICANTS ONLY)" for each child for whom scholarship assistance is being requested. Any changes in either school attended or terms for which assistance is requested will require the "SCHOOL TRANSFER FORM" for scholarship assistance.

If your dependent is married, they may still be eligible for Child Scholarship. If you have indicated that your dependent is married, a representative from Human Resources will contact you with additional information.

2. **PROOF OF AGE:** With each initial application for Scholarship Assistance, please submit for the student one (1) legible copy of any document in Column A **or** two (2) from Column B as listed below:

<b>A</b>	<b>B</b>
Birth Certificate	Driver's License
Baptismal Certificate	Immigration Registration or Visa
U.S. Passport	Naturalization Record
Adoption Papers	Selective Service Registration

3. **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.

4. **FORWARD COMPLETED APPLICATION AND SUPPORTING DOCUMENTATION 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

\*\*\*For your convenience and to help support the University's sustainability initiatives, we encourage you to submit this application form and supporting documentation to the Employee Service Center via e-mail. You will need to scan your supporting documentation in order to send via e-mail.