



Swift Cares Fund Application

Grant

This grant supports Divinity School students who are experiencing financial hardship due to a major life crisis. These funds are provided to students from students. However, for reasons of privacy, applications are administered entirely through the Dean of Students office.

NB: This Swift Cares Fund is not associated with the financial aid application. Financial aid applicants who have special circumstances that relate directly to the financial aid process should contact the Dean of Students.

Eligibility

- Must be a registered Divinity School student.
- Demonstrate need for funding must be due to a major life crisis. A crisis is defined as extreme misfortune suffered by a student for reasons beyond his or her control that prevents the student from meeting

basic living expenses. Examples of such events include but are not limited to:

- death in the family;
 - unusual uninsured medical expenses;
 - uninsured losses caused by fire, crime, flood, or other disasters;
 - insupportable indebtedness occurring for reasons beyond the individual's control.
- Under normal circumstances, the maximum award amount is \$500 per catastrophic event.
 - A student may receive a maximum number of two awards per year.
 - There is no guarantee that there will be funds available at a given time.
 - The applicant must not have any disciplinary actions that resulted from violating University's Standards of Conduct or Academic policy within the past twelve (12) months.

Application Process

Step 1: Compile Application

Gather and complete the forms below:

1. Swift Cares Fund Application (if your request is time sensitive, please indicate this on the application).
2. W-9 Form
3. Documentation of major life crisis (e.g., death certificate, police report, letter from landlord, etc.)

Step 2: Submit Application

Submit all forms via email, fax, or hard copy to:

Americia Huckabee
Assistant to the Dean of Students
Swift 104 | (773) 702-8217
ahuckabee@uchicago.edu
FAX: (773) 702-6048

NB: **All applications will remain confidential.** They will be reviewed by the Dean of Students and Assistant Dean of Students. You need not discuss your application with members of the DSA.

Swift Cares Fund Application

I. APPLICANT INFORMATION

Name:		Student ID#:	
Address:		E-mail:	
City:	State:	Zip:	Phone:
Preferred Contact Method:			
Program:	Year:	Preferred Pronouns:	

II. APPLICANT REQUEST

Swift Cares Fund	
I would like to request the following amount in assistance due to a major crisis. <i>Under normal circumstances, the maximum request will not exceed \$500.</i>	\$
<p>I am a student of the University of Chicago Divinity who has experienced the following crisis (required documentation includes but is not limited to the following):</p> <p>_____ death in the family (ex. Certified Death Certificate, Obituary)</p> <p>_____ unusual uninsured medical expenses caused by severe illness or accident (ex. Medical Bill(s), Certification of Medical Condition)</p> <p>_____ uninsured losses caused by fire, crime, flood, loss of income or other disasters (ex. Insurance claims, Police Report)</p> <p>_____ unusual uninsured expenses for the care of a sick family member (ex. Expense Receipts)</p> <p>_____ job loss of family household member (ex. Proof of Unemployment, Foreclosure or Eviction Notices)</p> <p>_____ other (explain why the fund should cover this event)</p>	
<p>Please explain your situation. Feel free to use a separate page if necessary. Supporting Documentation is required for approval and awards are subject to availability of funds. You are encouraged to justify the amount you request as it relates to the circumstances.</p>	

I have read and understand the provisions for the Swift Care Grant. I understand that completion of this form is not a guarantee of approval.

**I hereby authorize the appropriate individuals to review my student records and disseminate information relevant for this application. I understand the information will be handled privately and anonymously.*

** I accept the final decision regarding my application.*

**Signing your name below signifies your agreement to the terms of this application.*

Applicant Signature: _____ **Date:** _____

Dean of Students: _____ **Date:** _____

Request for Taxpayer Identification Number and Certification

Adapted for University of Chicago use only.

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Are you a University of Chicago Student? Yes No If YES, provide Student ID# _____

Have you ever been employed by the University of Chicago? Yes No If YES, provide dates of employment: _____

If you are not a U.S. Citizen or Permanent Resident, please indicate your date of first entry into the U.S. _____ Visa classification upon first entry into the U.S. _____

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2. Business name/disregarded entity name, if different from above

3. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5. Address (number, street, and apt. or suite no.) See instructions. Requester's name and address (optional)

6. City, state, and ZIP code

7. List account number(s) here (optional)

Print or type.
See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-			-				
or											
Employer identification number											
				-							

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
 If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.