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.

Updated: Summer 2019
# Swift Cares Fund Application

## I. APPLICANT INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>Student ID#:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>E-mail:</td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Preferred Contact Method:</td>
<td>Program:</td>
</tr>
<tr>
<td>Preferred Pronouns:</td>
<td></td>
</tr>
</tbody>
</table>

## II. APPLICANT REQUEST

<table>
<thead>
<tr>
<th>Swift Cares Fund</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would like to request the following amount in assistance due to a major crisis. Under normal circumstances, the maximum request will not exceed $500.</td>
</tr>
</tbody>
</table>

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):

- death in the family  
  (ex. Certified Death Certificate, Obituary)

- unusual uninsured medical expenses caused by severe illness or accident  
  (ex. Medical Bill(s), Certification of Medical Condition)

- uninsured losses caused by fire, crime, flood, loss of income or other disasters  
  (ex. Insurance claims, Police Report)

- unusual uninsured expenses for the care of a sick family member  
  (ex. Expense Receipts)

- job loss of family household member  
  (ex. Proof of Unemployment, Foreclosure or Eviction Notices)

- other  
  (explain why the fund should cover this event)

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.
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: ____________