



## Wellness Initiative Grant

The **Divinity Students Association Wellness Initiative** endeavors to transform Swift Hall into an environment that values wellness and to help students maintain a healthy body, healthy mind and healthy life as they make their way through the rigorous curriculum of graduate school. Inspired by the Wellness Initiative at the Pritzker School of Medicine, the DSA Board has **reserved funds for small grants of up to \$100 to fund events created by students** to advance these aims. The goal is to feature student-driven events that build community and are non-academic in focus. Possible examples could include a Super Bowl party, a movie night, board game party, Dungeons and Dragons game night, ice skating at Millennium Park, etc. If you have questions, please email DSA Wellness Chair, Mark Lambert at: [lambert@uchicago.edu](mailto:lambert@uchicago.edu)

### Grant

- Wellness Grant requests can be initiated by individuals or small groups of interested students; these requests are usually independent of affinity groups or student organizations who have their own funding models
- Wellness Grant funding is typically used for resources designed to help students promote wellbeing and community building.
- Preference will be given to applicants who have not yet received a Wellness Grant during the current academic year (first day of Autumn Quarter – last day of Summer Quarter)

### Requirements

1. Requests due at **least two weeks prior** to the proposed event.
2. Events that are funded by a Wellness Initiative Grant **must be advertised on the DSA Newsletter** and on the student listservs. Helpful information can be found on the [DSA website](#).
3. Although you may have a particular cohort or program in mind, events must ultimately be open to the entire Swift community.
4. The maximum amount of a Wellness Initiative Grant is \$100, and **funds cannot be used for the cost of gas or alcohol.**

## Application Process

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### Step 1: Application

A fully completed application form must be submitted to [fundingDSA@gmail.com](mailto:fundingDSA@gmail.com) at **least 2 weeks prior** to the date of the proposed event.

### Step 2: Reimbursement

Grant recipients will receive awarded funds in the form of a reimbursement. Recipients must submit a complete reimbursement request to [fundingDSA@gmail.com](mailto:fundingDSA@gmail.com) **no later than 3 months after** the date of your event. Include:

1. Reimbursement Request form
2. Receipt copies documenting expenses
3. W-9 Form



# Wellness Initiative Grant Application

## I. Applicant Information

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

Have you previously received a DSA Wellness Initiative Grant during the current academic year (first day Autumn Quarter — last day Summer Quarter)? \_\_\_\_\_

## II. Event Information

Event Name:	Date:
Tentative Location:	Approx. Time:
Description of Event:	
Goal of Event:	
How will you advertise?	
How many students do you expect to attend?	

## III. Proposed Budget

Item	Description	Cost
		\$
		\$
		\$
	<b>TOTAL</b>	\$

## IV. Impact

Please describe how your proposed event will promote wellness at Swift Hall and advance the aims of the DSA Wellness Initiative.

## V. Signature

I certify that this information is true and complete, and given in good faith.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Internal Use Only*

Processed: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Approved: \_\_\_\_\_

# 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](http://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.

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

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**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)

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**6.** City, state, and ZIP code

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**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**

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**or**

**Employer identification number**

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## 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.

<b>Sign Here</b>	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](http://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.