YALE UNIVERSITY
SCHOLARSHIP FOR SONS AND DAUGHTERS OF THE FACULTY AND STAFF

To be completed by the employee for an ADOPTED CHILD or STEPCHILD

I hereby acknowledge that I am the adopted parent or stepparent of:

_____, _____, and that since
Print Name of Child Date of Birth

_____ (**at least six years before the date of application for the scholarship for such child)**
Date

I became legally obligated to support him/her by virtue of one of the following:

(1) Legal Adoption or Guardianship – and can provide a copy of legal document.

(2) Court Order or Written Legal Contract obligating me (the employee) or my spouse* (the child's parent) to support the child – and can provide a copy of legal document.

*The employee and the natural or adoptive parent of the child must be married for at least six years prior to applying for the scholarship - and will need to provide a copy of the marriage certificate.

I represent that the information provided in the above statements is true and accurate. I understand that by making this acknowledgement to Yale University in support of a scholarship application I may be relinquishing or affecting any claim I have previously made to any other party for other purposes that I am not legally responsible for the support of this child.

_____ _____
Employee's Name and Employee ID Number (print) Department and Telephone Number

_____ _____
Employee's Signature Date

_____ _____
Verified by Plan Representative Date

Please send this document to the Employee Service Center with:

- **A copy of the Child's Birth Certificate**
- **Legal Documentation requested above**
- **Completed Scholarship Application**

Yale University Employee Service Center
U.S.Mail: P.O.Box 208256, New Haven, CT 06520-8256
Campus Mail: 221 Whitney Avenue
Tel: 203 432-5552 Fax: 203 432-5153 Web: www.yale.edu/benefits