

# CHILDREN SCHOLARSHIP PROGRAM

## Application for Oberlin Participation

2020-21

### STUDENT INFORMATION:

Name: \_\_\_\_\_

Social Security: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

OBERLIN COLLEGE: Expected year of college graduation: \_\_\_\_\_

In which semester do you plan to be enrolled this year?    Fall                      Spring

### PARENT(S) INFORMATION:

Employee Name: \_\_\_\_\_ T # : \_\_\_\_\_

Department: \_\_\_\_\_ Phone Ext: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

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

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Return this completed form to Human Resources.

\_\_\_\_\_  
Tom Schiltz, Director of Compensation and Benefits

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