OBERLIN COLLEGE

DEPARTMENT OF HUMAN RESOURCES

2020-21 STAFF CHILDREN SCHOLARSHIP PROGRAM

(one form per child)

Student's Name:_____ **S.S. Number:** _____

Is this student the natural or legally adopted child of the Oberlin College employee listed below? Yes ☐ No ☐

Was this student declared as an exemption on the most recent IRS tax return of the Oberlin College employee listed below? ☐ Yes ☐ No

Is the student under the age of 26? ☐ Yes ☐ No **Birthdate**_____

College to be attended,if known_____

Address: _____

_____

City_____State_____Zip_____

Indicate: ☐ Semesters ☐ Quarters ☐ Trimesters

If the college is on quarters will the student be attending 3 or 4 quarters this academic year?_____(available money is divided by the number of semesters/quarters identified)

Year in college for 2020-21 (**check one**): Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐

Anticipated Graduation Date:_____

Please list all dependents that will be eligible for college in the next 5 years next to the academic year they will be eligible to attend.

_____20-21 _____22-23

_____21-22 _____23-24

Employee's Name:_____

T#: _____

Campus Address: _____ Ext:_____

Position/Dept: _____

Month/Year of Hire:____ /_____ Full-Time: ☐ Part-Time: ☐

Employee's Home Address_____

_____

City State Zip

Employee's Home Phone: _____

EMPLOYEE IS RESPONSIBLE FOR THE GLCA PARTICIPATION FEE.

I SHALL SUBMIT TO THE DEPARTMENT OF HUMAN RESOURCES A PHOTOCOPY OF EACH TERM BILL AS SOON AS IT IS AVAILABLE. I AGREE TO PROVIDE ANY INFORMATION REQUIRED TO VERIFY THE ABOVE INFORMATION.

Sign_____ Date_____