OBERLIN COLLEGE DEPARTMENT OF HUMAN RESOURCES 2023-24 STAFF CHILDREN SCHOLARSHIP PROGRAM

(one form per child)			
Student's Name:		S.S. Number:	
Is this student the nat College employee listed		pted child of th No	e Oberlin
Was this student declar return of the Oberlin C	—		
Is the student under the	e age of 26? Yes	No Birthdat	.e
College to be attended, Address: _	if known		
C	ity	State	Zip
Indicate: Semesters		Trimesters	
If the college is on quarters this academic semesters/quarters identifie	year?(availabl		
Year in college for 202		_	omore
Anticipated Graduation		ior Seni	or
Please list all depende 5 years next to the aca	demic year they wil	l be eligible to	attend. 25-26
	24-25		26-27
Employee's Name: T#:			
Campus Address:	: Ext:		
Position/Dept:			
Month/Year of Hire:	/ Full-Time:	Part-Time:	
Employee's Home Address			
Employee's Home Phone:	City	State	Zip

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.
