

CHILDREN SCHOLARSHIP PROGRAM

Application for Oberlin Participation 2024-25

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: _____

Return this completed form to Human Resources.

Tom Schiltz, Director of Compensation and Benefits

Date: _____