## OBERLIN COLLEGE

## DEPARTMENT OF HUMAN RESOURCES 2024-25 STAFF CHILDREN SCHOLARSHIP PROGRAM

(one form per child)

Student's Name:		S.S. Numb	er:
Is this student the natu College employee listed			the Oberlin
Was this student declare return of the Oberlin Co			
Is the student under the	age of 26?	Yes No Birth	date
College to be attended,i Address: _			
Ci	ty	State	Zip
Indicate: Semesters	Quarters	Trimesters	
If the college is on quaquarters this academic y semesters/quarters identified	rear?(avai		
Year in college for 2024	-25 (check one)		ophomore
Anticipated Graduation D	ate:		enior
5 years next to the acad	24.05	will be crigible	0.6.07
	25-26		27-28
Employee's Name:			
Campus Address:	Ext:		
Position/Dept:			
Month/Year of Hire:	/ Full-Ti	me: Part-Time:	
Month/Year of Hire:			
	City	State	Zip
Month/Year of Hire:  Employee's Home Address_  -  Employee's Home Phone: _	City	State	Zip
Month/Year of Hire:  Employee's Home Address_  -  Employee's Home Phone: _	City PONSIBLE FOR TH	State  E GLCA PARTICIPA:	Zip FION FEE.

Date\_\_\_\_\_

Sign\_\_\_\_\_