

OZARKA COLLEGE
Melbourne, AR 72556

Date of Birth Scholarship

YEAR: _____ **SEMESTER** _____

STUDENT NAME: _____

STUDENT ID NUMBER: _____

I am requesting a Date of Birth Scholarship due to my date of birth (60 + years).

Signature of Student

Date

Approval (must be approved by Ozarka College President)

President

Date

Attach copy of Driver's License