

Ozarka College
Employee/Dependent Tuition Scholarship

Year: _____

Semester: _____

Student name: _____

Student ID number: _____

I am requesting a tuition scholarship. I am a full-time faculty, staff member, adjunct instructor, spouse of a full-time faculty or staff member, dependent of a full-time faculty or staff member at Ozarka College.

Courses information: Provide course name and number, day of week, and time of day for each course

Course: _____

Course: _____

Course: _____

Course: _____

Course: _____

Employee Information

Employee name: _____ Relationship to student: _____

Signature of employee: _____

Signature of student: _____

Approval

Immediate Supervisor: _____ Date: _____

Administrative Council Supervisor: _____ Date: _____

President: _____ Date: _____