

OZARKA COLLEGE
Melbourne, AR 72556

ADJUNCT INSTRUCTOR
TUITION SCHOLARSHIP

YEAR: _____ **SEMESTER** _____

ADJUNCT NAME: _____

ADJUNCT ID NUMBER: _____

I am requesting a tuition scholarship for the Fitness Center class only. I am an Adjunct instructor at Ozarka College. I am currently teaching in the semester that I am using the facility. I understand that dependents and relatives are not eligible to participate in this scholarship.

Adjunct Instructor

COURSE _____

Signature of Adjunct

Date

Approval (must be approved by Ozarka College President)

Faculty Supervisor

President

Date