

The Ohio State University at Marion Kids' College Scholarship Application

Student's Name: _____ M ___ F ___

Street Address: _____

City, State, Zip Code: _____

Age: _____ School: _____ Grade last completed: _____

Parent/Guardian: _____

Relationship to the child: _____

Phone: _____ (Home) _____ (Work) _____ (Cell)

Email address: _____

1st class choice: _____ Price:

2nd class choice: _____ Price:

At this time, if a scholarship is granted, only one class per child will be funded. Scholarships are given for financial need only. The criteria for financial need is the child's eligibility for the reduced lunch program. Does this child qualify for that program? _____

If you wish, you may use this space to tell us about any additional circumstances you want us to consider: _____

Has this child received a Kids' College scholarship in the past? _____

Signature of Parent or Guardian _____ Date _____

If you have questions, please call Bronwen Babich at 740-725-6341 or send an email to babich.5@osu.edu.

Please return this completed form to:
Kids' College
Ohio State Marion
1465 Mt. Vernon Avenue
Marion, OH 43302
Fax: 740-725-6132