



WOBL RADIO INC. ♦ WDLW RADIO INC.

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♦ STREAMING LIVE ♦



The Jerry Garbash Memorial Scholarship Presented by WOBL and WDLW Radio Inc.

SCHOLARSHIP APPLICATION

(Please type or print legibly)

Name _____ Phone# _____

Mailing Address _____

City _____ Zip _____ Email _____

Age _____ Date of Birth _____ Male _____ Female _____

What college, university, or accredited technical school(s) have you been accepted to, or currently attending? Please list in order of probability of attending:

What is, or what will be your major course of study? _____

2nd Choice _____ 3rd Choice _____

Anticipated tuition cost per year _____ For 4 years _____

Have you received any other scholarships? If yes, please provide names & value.

Would you be financially able to attend college without the aid of this scholarship? _____.

Will you be working over the summer to help pay for the cost of school? _____. If yes, where?

_____.

Estimated amount of family contribution toward college expenses. _____.

PARENT INFORMATION

Father's Name _____ Phone # _____

Mailing Address _____

City _____ State _____ Zip _____

Place of Employment _____ Job Title _____

Mother's Name _____ Phone # _____

Mailing Address _____

City _____ State _____ Zip _____

Place of Employment _____ Job Title _____

Are you eligible for any tuition reimbursement from your parent's employment? _____

If yes to previous question, please explain the financial impact of how it applies to tuition, books, room and board.

Do you have any siblings who are presently attending college? _____.

If yes to previous question, what college or university do they attend?

PERSONAL & PROFESSIONAL GOALS

Please list short term and long-term goals you hope to achieve after graduating from high school or higher-level education (college, technical school, etc.).

STATEMENT OF APPLICANT, PARENT OR GUARDIAN

We have examined this application and the records are true, complete, and accurate.

Signed _____ Date _____
(Applicant)

Signed _____
(Parent or Guardian)

