

OSCA New Student Co-op Application Form

Only for students new to Oberlin, who want to apply for Co-operative Dining and/or Housing

More information regarding the Co-op option can be found at <http://oberlin.edu/osca>

Return your completed form to:

Oberlin College Wilder Hall Rm 406

OR

Oberlin Student Cooperative Association

M.P.O. Box 118

Oberlin, OH 44074-0118

Questions:

(440) 775-8108

osca@oberlin.edu

www.oberlin.edu/osca

PREFERRED DEADLINE: JUNE 15

Personal Information:

 First Name Middle Initial Last Name Social Security # (*required)

 Name on record with Oberlin College (if different) First Name Middle Initial Last Name

 Number and Street City State Zip code

 Country Area code and Telephone Personal e-mail address

** You are applying to be a member of OSCA, a non-profit student-owned organization. OSCA requires your Social Security Number (SSN) for internal purposes only. OSCA will NOT disclose your SSN to any third party for any purpose unless you fail to pay your OSCA invoice(s) and OSCA is forced to refer your account to a third party collection agency. Also, OSCA must disclose your SSN if it is ordered to by a court of competent jurisdiction and/or administrative agency with the power to compel disclosure of your SSN. **If you do not have a SSN (international students), you must provide your Passport number.***

Enrollment Status: First Year Transfer

Co-op Preferences:

Please rank your co-op choices in order of preference from 1 to 7, with 1 being your first choice. Place an "X" next to the name of any co-op that you do NOT want to enter. If you do not get into a co-op or do not get into your first-choice co-op, your preferences will be saved on our wait list. You will be granted a position as soon as one becomes available.

The wait list resulting from this application will expire on August 31. After this date you will have the opportunity to request to remain on the wait list.

Dining Only Co-ops		Dining & Housing Co-ops	
<input type="checkbox"/>	Fairchild (vegetarian)	<input type="checkbox"/>	Harkness (vegetarian)
<input type="checkbox"/>	Pyle Inn (in Asia House)	<input type="checkbox"/>	Keep
<input type="checkbox"/>	Third World* (in Baldwin)	<input type="checkbox"/>	Tank
Housing Only Co-ops		<input type="checkbox"/>	Third World Social Justice* (in Harkness)
<input type="checkbox"/>	Old Barrows* (also choose a dining-only co-op)	<input type="checkbox"/>	

Note: Dining-only status in Harkness, Keep, and Tank is not available for new students.

* Additional application required – form available on the OSCA website!

 Signature

 Date

ROOMMATE INFORMATION (fill out only if you are applying to OSCA housing):

1. My gender is _____.

2. I am comfortable with any roommate, regardless of assigned sex or gender identity.

- Yes No

If you answered "No":

Gender(s) I am comfortable living with: _____

Gender(s) I am not comfortable living with: _____

3. I would like to live with someone who is comfortable with any roommate, regardless of assigned sex or gender identity.

- Yes No

ACCESSIBILITY IN CO-OPS

Additional information regarding OSCA's accessibility policies can be found on OSCA's web site <http://oberlin.edu/osca>. Check the box below if you would like to be contacted regarding accessibility.

- I would like to be contacted by an OSCA Accessibility Committee Coordinator for information about OSCA's policies regarding accommodations for the following: members with disabilities, members seeking alternative eating arrangements, need-based singles, housing for transgender students, and students with financial need.

NUTRITION IN CO-OPS

Please mark any life threatening allergies or intolerances:

- | | | |
|--|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Peanuts | <input type="checkbox"/> Tree Nuts | <input type="checkbox"/> Almonds |
| <input type="checkbox"/> Seafood/shellfish | <input type="checkbox"/> Soy | <input type="checkbox"/> Sesame |
| <input type="checkbox"/> Coconut | <input type="checkbox"/> Other _____ | |

Check the box below if you would like to be contacted regarding nutrition.

- I would like to be contacted by OSCA's Nutrition Coordinator for information about how OSCA can accommodate my dietary needs, dietary preferences, and/or allergies.

Note: Only the OSCA Officers and employees responsible for maintaining the wait list and OSCA staff responsible for accessibility and/or nutrition will have access to the names of the persons who check these boxes.

By choosing not to check these boxes, you are not excluded from receiving potential accommodations at any point during your membership in OSCA. Once in OSCA, all members will receive information regarding OSCA's accessibility policies. This information is protected by OSCA's confidentiality policy.