



UNIVERSITY OF
SOUTH CAROLINA
LANCASTER

Office of Disability Services
SCHOLARSHIP APPLICATION FORM

USC Lancaster awards a number of academic scholarships for which a documented disability is one of the criteria. If you wish to be considered for one of these scholarships, please **complete and submit this form along with the regular USCL Scholarship Application** (which may be found in the Admissions Office).

NAME: _____
Last First Middle

SSN (last four digits): _____ Phone: _____

E-mail address: _____

In the space below, please describe the nature of your disability (use additional pages as necessary and please include any documentation you deem appropriate for the committee's consideration):

This form must be submitted along with the standard USC Lancaster Scholarship application no later than February 01 in order to be reviewed by the Committee. Eligibility for one of these scholarships does not prevent a student from being considered for other available USCL scholarships.

Student signature Date

Disability Services Representative Date