

UNIVERSITY OF SOUTH CAROLINA LANCASTER
OPPORTUNITY SCHOLARS PROGRAM STUDENT
AUTHORIZATION FORM

As a student requesting enrollment/enrolled in the above listed program. I understand that the OSP staff will need access to my records as follows:

1. Academic progress and course of study, including discussion with USCL faculty/staff,
2. Admissions qualifications,
3. Class schedules,
4. Final Grades,
5. Financial Aid status (grants & loans) and scholarship awards,
6. Veterans Benefits

By my signature below, I hereby authorize the Opportunity Scholars Program at USC Lancaster to obtain any and all information for the records named above for the duration of my enrollment in the program. This permission is given with the understanding that the information will continue to remain confidential and use only for the needs of the Opportunity Scholars Program.

Student Signature: _____ Date _____

Witness Signature _____ Date _____



Early Start 2017



University of South Carolina
Lancaster
Opportunity Scholars Program

I hereby grant permission for the University Of South Carolina Lancaster Records and Financial Aid Offices to release copies of my records to the Opportunity Scholars Program. I understand that this form is necessary to establish eligibility for participation in the Opportunity Scholars Program

Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Social Security #: _____

Date: _____

Home Phone#: _____

Cell Phone#: _____

Birth Date: _____

Email: _____

Student Signature _____

GENDER: FEMALE _____ MALE _____

ETHNIC BACKGROUND: White, Non-Hispanic _____ African American _____

Hispanic _____ Native American _____ Asian/Pacific Islanders _____

Other _____ (If other, Specify) _____

MAJOR: _____ IF UNDECIDED, CHECK HERE _____

WOULD YOU TAKE CLASSES (CHECK): DAY _____ NIGHT _____ BOTH _____

DO YOU WORK? YES _____ NO _____ HOW MANY HOURS PER WEEK? _____

WHAT TYPES OF FINANCIAL AID DO YOU EXPECT TO RECEIVE (CHECK ALL THAT APPLY)?

NONE _____ GRANTS _____ LOANS _____ WORK-STUDY _____ SCHOLARSHIPS

(SPECIFY) _____

WHAT ARE YOUR PLANS AFTER COMPLETING TWO YEARS AT USCL ARE:

TRANSFER TO: _____

OTHER SCHOOLING (SPECIFY): _____

FULL TIME EMPLOYMENT: _____

HOW DID YOU HEAR ABOUT EARLY START?

TEACHER _____ OTHER STUDENTS _____ PRINTED

MATERIALS _____ OTHER (SPECIFY) _____

WHAT SERVICES WOULD YOU WANT TO RECEIVE (CHECK ALL THAT APPLY)?

TUTORING _____ CAREER COUNSELING _____ WORKSHOPS _____

STUDY SKILLS _____ ACADEMIC ADVISING _____

QUALIFICATIONS:

WHAT YOUR MARITAL STATUS?

SINGLE _____ MARRIED _____ DIVORCED _____ WIDOWED _____

DO YOUR PARENTS CLAIM YOU ON THEIR INCOME TAX RETURN?

YES _____ NO _____

NUMBER OF HOUSEHOLD MEMBERS, INCLUDING YOURSELF: _____

DID EITHER OF YOUR PARENTS OR LEGAL GUARDIANS COMPLETE A 4-YEAR DEGREE? (CHECK ALL THAT APPLY)

YES _____ NO _____ IF YES, WHO COMPLETED THE DEGREE?

MOTHER _____ FATHER _____ GUARDIAN _____

DO YOU HAVE ANY LEARNING OR PHYSICAL DISABILITIES? YES _____ NO _____ (IF YES, PLEASE EXPLAIN) _____

(*Required)

*FAMILY TAXABLE INCOME _____

(Family income if living with parents/guardians, personal if supporting self & living away from family)

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT ALL INFORMATION CONTAINED IN THIS FORM WILL BE HELD IN THE CONFIDENCE OF THE OPPORTUNITY SCHOLARS PROGRAM. I ALSO UNDERSTAND THAT THE ABOVE INFORMATION IS USED FOR THE PURPOSES OF DETERMINING MY ELIGIBILITY FOR THE PROGRAM.

SIGNATURE OF PARENT, LEGAL GUARDIAN OR INDEPENDENT STUDENT DATE

SIGNATURE OF APPLICANT DATE

(FOR OSP USE ONLY)

I CERTIFY THAT THIS STUDENT IS ACCEPTED ACCORDING TO THE FOLLOWING CRITERIA: (CHECK ALL THAT APPLY)

1. First Generation _____ Financial Assistance _____ Disability _____

OSP COORDINATOR SIGNATURE DATE

(Taxable income-the adjusted gross income minus standard deductions-this amount can be found on line 37 on your 1040 Federal Income Tax Return)