



Omega Scholars

University of South Carolina Lancaster

Participant Information 2011-2012

Check One New:___ Returning:___ Fresh:___ Soph:___ Jr:___ Sr:___

Name: _____

Address: _____

Home #: _____ Wk. #: _____

Cell: _____ Email: _____

Check One: OSP: _____ **Other:** _____

Referred by: _____

_____ **YES**, I am interested in participating in **Omega Scholars**. I will attend monthly meetings and strive towards academic excellence and manhood. I understand that my participation in **Omega Scholars** is a serious commitment.

Signature: _____ Date: _____

* For notification of meetings please give us the most legit information.