



Omega Scholars

University of South Carolina Lancaster

Participant Information 2012-2013

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

Shirt Size Small:___ Med:___ Large:___ 2XL:___ 3XL:___ 4XL:___

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 and updated information.