

Application Procedure

1. When returning this application, please **bring a copy of your most recent Federal (1040) tax return**. If you are a dependent, bring the tax return of the person who claims you.
2. If you have a **disability** that could affect your education in any way, please **bring current medical documentation from your physician** supporting that disability.
3. When you return your completed application, please be prepared **to spend an hour** in the lab taking English and Math Assessments.
4. Applicants must consult with an OSP counselor within two weeks of taking the assessments to determine eligibility.
5. Conditional acceptance into this program is contingent upon the completion of steps 1-4.
6. Final acceptance as an OSP member is dependent upon your level of participation and use of program services.

Lisa Rosdail, Director
The Opportunity Scholars Program
lrosdai@uscsumter.edu

Date: _____

Last Name: _____ First: _____ Initial: _____ SS#: _____ - _____ - _____

Address: _____ City/State/Zip: _____

Phone: (_____) _____ Cell/Pager: (_____) _____ Birthday: ____/____/____

Tshirt size _____ Place of Birth: _____ Email: _____

County of Residence: _____ Place of Employment: _____ Wk Phone: (_____) _____

Are you a U.S. Citizen? Yes _____ No _____ Is English your first language? Yes _____ No _____ What is? _____

Number of dependents in household: _____ Gross Income Amt: _____ Taxable Income Amt: _____

Are you a first generation college student? (Neither your parent(s) nor guardian(s) has completed a four year degree)
 Yes No

Do you have a documented learning or physical disability?
 Yes No If yes, please describe: _____

If yes, are you registered with the USC Sumter Disabilities Specialist? Yes No

Student Signature _____ Date _____

Parent Signature _____ Date _____

Staff Signature _____ Date _____

Academic Need Verification		
Math Assessment	Date _____	Result _____
Grammar Assessment	Date _____	Result _____
Writing Sample	Date _____	Result _____

1040 in file	Yes _____	No _____	Intl _____
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Enrollment Verification (IMS)		
Fall _____	Spring _____	Summer _____
Fall _____	Spring _____	Summer _____
Fall _____	Spring _____	Summer _____

Documentation in file	Disability	Type
Yes _____	No _____	_____

1st Generation _____
Income _____
Disability _____
Staff Initial _____

I CERTIFY THAT THIS STUDENT IS ACCEPTED ACCORDING TO THE FOLLOWING CRITERIA: (Check all that apply)		
1. First Generation _____	2. Low Income _____	3. Disability _____
OSP Director Signature _____		Date _____

____ Assessments	____ Predicted GPA	____ Roster	____ Permanent Information
____ PLATO	____ Counselor Interview	____ OSP Email	____ Student Intake
____ IMS	____ Interview w/ Lisa	____ Eligibility Letter	____ Final Letter/Folder Check

ADMISSIONS INFORMATION

Gender: Male Female **Marital Status:** Single Married Divorced Widowed

Age: ____ **SAT Score:** ____ **ACT Score:** ____ **High School Attended** _____ **Grad Date** _____

With which of the following ethnic groups do you most identify? (Please check one)

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> White (Non-Hispanic) |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Black (Non-Hispanic) | <input type="checkbox"/> More than one race |
| <input type="checkbox"/> Hispanic or Latino | |

Are you military? Yes No (Active Duty Retired) **Are you a veteran?** Yes No
(Disabled? Yes No) Are you receiving veteran's benefits? Yes No

Educational Status:

Freshman (never attended before) Freshman (attended before) Sophomore Junior Senior

Major: _____ Undeclared Full-time student Part-time student

What are your plans after completing two years at USC Sumter?

Participating in USC Sumter athletics: Baseball Softball Soccer

Financial Aid Information:

Have you applied for Financial Aid? Yes No Do you receive Financial Aid? Yes No
Indicate the types and amounts of Financial Aid you receive? Grant _____ Loan _____
Lottery _____ Life (Yes / No) Work-Study (Hrs) _____ Scholarship (specify) _____

General Information:

What service(s) would you want to receive from The Opportunity Scholars Program?
(Please check all that apply) Tutoring _____ Study Skills _____ Computer Lab/Tutorials _____
Cultural Activities _____ Counseling _____ Career Search/Counseling _____ Workshops _____
Supplemental Classes _____ Transfer Help/Advisement _____ Other (specify) _____

How did you hear about OSP? (Please specify who/how) Orientation _____
Admissions/Staff _____ Advisor _____ Financial Aid _____
Professor (specify) _____ Printed Materials _____
Student (specify) _____ Other (specify) _____

Do you take: Day Classes Night Classes Both

Do you have children at home? Yes No

If yes, how many? ____ Ages? _____

What is your employment status? If employed, how many hours do you work per week?
 Employed Not Employed 1 – 19 Hours 20 – 35 Hours 36 or More Hours

Have you previously participated in a TRiO program? (Upward Bound, Talent Search and Equal Opportunity Center) Yes No

If yes to the above, please list the name and location of the program:

STUDENT AUTHORIZATION FORM

As a participant in the TRiO Student Support Services program, OSP, I understand that utilization of program services and activities will provide me with an opportunity for academic success as well as personal growth at USC Sumter. In order to accomplish these objectives, I give permission to the OSP staff to access my records and information as follows:

- 1. Academic progress and course study
- 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 agree to give the Opportunity Scholars Program – USC Sumter my authorization to obtain any and all information from the records named above.

This information may be discussed with pertinent faculty and staff for the betterment of my education.

My permission is given with the understanding that the information will continue to remain confidential and used only for the needs of the Opportunity Scholars Program.

Student Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____

****PLEASE PROVIDE A COPY OF YOUR AWARD LETTER FROM THE FINANCIAL AID OFFICE****

Emergency Contact Information:

Name _____ Relationship _____

Daytime Phone (_____) _____ Evening Phone (_____) _____

STUDENT PARTICIPATION AGREEMENT

I accept the offer to participate in the Opportunity Scholars Program. I understand that the goal of this program is to assist qualified students to graduate in their programs and/or transfer to a four-year institution and that my acceptance in OSP is a privilege extended to me. I further understand that by accepting this offer, I agree to provide any necessary information needed to track my progress. I will be expected to provide my full commitment to the program and agree to satisfy the following criteria (please initial each statement):

- _____ 1. I will check in with the OSP staff on a monthly basis.
- _____ 2. I will meet with an OSP counselor for an academic advising follow-up before scheduling classes each semester. ***Please note a registration hold will be placed on your records if you are not advised by OSP counselor each semester.**
- _____ 3. I will attend a financial workshop and meet with an OSP counselor regarding financial aid.
- _____ 4. I will contact the OSP staff if I am in need of financial aid assistance or tutorial services. If I am dissatisfied with my assigned tutor, I will notify an OSP staff member immediately.
- _____ 5. I will attend a minimum of two OSP workshops and one cultural educational trip or event each semester.
- _____ 6. I will attend scheduled appointments (group or individual) with my counselor and tutor(s).
- _____ 7. I will meet with an OSP staff member prior to withdrawal from a course. I will meet with the OSP Director before withdrawal from USC Sumter.
- _____ 8. I will participate in follow-up surveys, interviews, or activities as scheduled by OSP staff.
- _____ 9. I will maintain an active email address and check my messages on a weekly basis in order to have current information from OSP. I will also notify OSP when any of my contact information changes such as address, phone number, etc.

I further understand and agree that failure to comply with the responsibilities listed above may cause my dismissal from the Opportunity Scholars Program.

By my signature, I certify that I have read and agree to the above conditions as stated.

Student Participant Signature

Date

OSP Representative Signature

Date

STUDENT NEEDS REQUEST

Student Name: _____ **Date:** _____

Financial Need:

Do you have to work to pay your bills? Yes_____ No_____

Do you have a school loan? Yes_____ No_____

Academic Need:

Do you feel you need help in: **Needs being addressed?**

Math: Yes_____ No_____ _____

English: Yes_____ No_____ _____

Writing: Yes_____ No_____ _____

History: Yes_____ No_____ _____

Science: Yes_____ No_____ _____

Study Skills: Yes_____ No_____ _____

Time Management: Yes_____ No_____ _____

Computer Skills: Yes_____ No_____ _____

Problem Solving: Yes_____ No_____ _____

Library Science: Yes_____ No_____ _____

Other (specify): _____

Environmental/Cultural Need:

Do you feel you don't have enough time to get things done?

Yes_____ No_____

Do you feel your study skills need to be improved?

Yes_____ No_____

Do you feel comfortable writing papers and answering written questions?

Yes_____ No_____

Do you feel comfortable on campus?

Yes_____ No_____

Is college harder than you thought it would be?

Yes_____ No_____

Do you feel comfortable with your professors?

Yes_____ No_____

Do you feel comfortable with your advisors?

Yes_____ No_____

Do you have a career plan?

Yes_____ No_____

Student Signature: _____

I CERTIFY THAT THIS STUDENT IS ACCEPTED ACCORDING TO THE ABOVE LISTED CRITERIA:	
_____	_____
OSP DIRECTOR SIGNATURE	DATE