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
llrosdai@uscsumonter.edu
Program Application

Date: _______________________

Last Name: ___________________________________ First: ___________________ Middle Initial: _______ VIP ID #: __________________

Address: __________________________________________ City/State/Zip: ____________________________

Home Phone: (_____) __________________ Cell: (_____) ___________________ Cell Phone Provider: __________________

T-shirt size_____ Birthday: _____/_____/_____ Student 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: ________ Taxable Income Amt: _______________ SS#: ______-_____-________

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

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Date</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Math Assessment</td>
<td></td>
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<tr>
<td>Grammar Assessment</td>
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<tr>
<td>Writing Sample</td>
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</tbody>
</table>

Disability Documentation in file Yes _____ No _____ Type __________

1040 in file Yes _____ No _____ Intl ______

Enrollment Verification (IMS)

<table>
<thead>
<tr>
<th>Semester</th>
<th>Fall</th>
<th>Spring</th>
<th>Summer</th>
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</thead>
<tbody>
<tr>
<td>Fall</td>
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<tr>
<td>Summer</td>
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</tr>
</tbody>
</table>

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 ______ Counselor Interview ______ Interview w/ Lisa ______ Eligibility Letter ______

Banner ______ English Tutor Interview ______ OSP Email ______ Student Access ______

Roster ______ Math Tutor Interview ______ Text Set Up ______ Final Letter/Folder Check ______

*Boxes for OSP Staff Official Use Only
A selective representation of the provided text is as follows:

**ACTIONS INFORMATION**

**Gender:**
- Male
- Female

**Marital Status:**
- Single
- Married
- Divorced
- Widowed

**Age:** ___

**SAT Score:** ___

**ACT Score:** ___

**High School Attended:** ______

**Grad Date:** ______

**Are you Hispanic/Latino (Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin)?**
- Yes
- No

**Which of the following racial groups do you identify yourself with? (Please check all that apply)**
- American Indian or Alaska Native
- White
- Asian
- Native Hawaiian or other Pacific Islander
- Black or African American

**Are you military?**
- Yes
- No (Active Duty / Retired)

**Are you a veteran?**
- Yes
- No

**Are you disabled?**
- Yes
- No

**Are you receiving veteran’s benefits?**
- Yes
- No

**Educational Status:**
- Freshman (never attended before)
- Freshman (attended before)
- Sophomore
- Junior
- Senior

**Major:** __________________

**Unauthorized:**
- Yes
- No

**Full-time student:**
- Yes
- No

**Part-time student:**
- Yes
- No

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

________________________________________________________

**Are you participating in USC Sumter athletics?**
- Baseball
- Softball

**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?**
- Employed
- Not Employed

**If employed, how many hours do you work per week?**
- 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 question, 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 and understand that this opportunity is a privilege extended to me. I also understand that the goal of this program is to assist qualified students in obtaining a two-year associate’s degree and/or transferring to a four-year institution. I agree to provide any necessary information needed to track my progress. I will fully commit myself to the program by agreeing to satisfy the following criteria. Please initial each statement:

_____ 1. I will check in with the OSP staff on at least a monthly basis.

_____ 2. I will meet with an OSP counselor for Academic Advising before scheduling classes each semester.

_____ 3. I will attend the Free Application for Federal Student Aid (FAFSA) workshop each January. I will seek assistance with my school financial aid package or get help submitting future FAFSA applications from OSP as needed.

_____ 4. Each semester, I will attend the Financial Literacy workshop AND participate in at least one Cultural Activity.

_____ 5. I understand that Tutoring Services are mandatory for all OSP students enrolled in MATH and ENGL courses and are available for other subjects as needed. I will notify OSP if I need assistance in any coursework.

_____ 6. I will attend scheduled appointments (group or individual) with OSP tutors and counselors or other staff members.

_____ 7. I will meet with an OSP advisor prior to withdrawal from a course. I will meet with the OSP Director before complete withdrawal from USC Sumter.

_____ 8. I will participate in surveys, evaluations, interviews, or other 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 (address, phone number, etc.) changes.

By my signature, I certify that I have read and agree to the above conditions as stated. I understand that failure to comply with the responsibilities listed above can result in termination of my Opportunity Scholars Program membership.

______________________________________________     _______________________
Student Participant Signature                                              Date

______________________________________________     _______________________
OSP Representative Signature                                              Date
STUDENT NEEDS REQUEST

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:
Math:  Yes_____ No_____ Needs being addressed?
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 Needs:
Do you feel you don’t have enough time to get things done?  Yes_____ No____
Do your study skills need to be improved?  Yes_____ No____
Are you comfortable writing papers and answering essay questions?  Yes_____ No____
Do you feel comfortable on campus?  Yes_____ No____
Is college harder than you thought it would be?  Yes_____ No____
Are you comfortable with your professors?  Yes_____ No____
Are you comfortable with your advisor?  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