Office of Fellowships & Scholar Programs
Press Release and Information Form

Please complete the following information for campus and community news and information releases regarding your scholarship and tenure at USC. Return this form immediately to the Office of Fellowships and Scholar Programs, Legare 220.

Name _________________________________________________________________________________________________

Social Security Number _______________________________________ Birthdate ______________________________________

Campus PO Box/Local Address (include Zip Code) _____________________________________________________________

Campus or Local Phone _____________________________ Cell Phone (   ) _____________________________

Permanent Address, City, State, Zip _____________________________ Phone (   ) _____________________________

E-mail __________________________________________ College __________________________ Major _______________________

Honors College Student? Yes _______ No_______ Anticipated Graduation Year _____________________________

High School ___________________________________________________________________________________________

Please check one if applicable: Carolina Scholar _____ Carolina Scholar Finalist _____ Capstone Scholar _____

McNair Scholar _____ McNair Scholar Finalist _____

Scholarship/Fellowship/Awards Won _________________________________________________________________________

Description of activities you are involved in on campus or in the community:
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________

Current Career Goals or Interests: _________________________________________________________________________

Any other related activities or awards: _______________________________________________________________________
________________________________________________________________________________________________________

Family Information

Mother’s Name ___________________________________________________________________________________________

Address _________________________________________________________________________________________________

City____________________________________________ State ____________________ Zip __________________

Father’s Name __________________________________________________________________________________________

Address [if different from above] __________________________________________________________________________

City____________________________________________ State ____________________ Zip __________________

Newspaper(s) to receive information __________________________

By signing this form, I agree to allow the release of this information by the USC Office of Fellowships and Scholar

Programs and USC Office of Media Relations. Information may be used in a variety of mediums including but not

limited to broadcast, print, Internet, and others.

Signature ____________________________________________________________________ Date ________________

Press Release Form.doc - 29 June 2006