

# D.E.F.I.N.E.

University of South Carolina Lancaster

## Enrollment Form 2020-2021

**Check One**

New:

Returning:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Do you work? Yes  No

If so, where? \_\_\_\_\_

Work schedule? \_\_\_\_\_

**Check one** TRiO/OSP participant  Non-TRiO/OSP participant

**YES**, I am interested in participating in **D.E.F.I.N.E.** I will attend monthly meetings and strive towards academic excellence and womanhood. I understand that my participation in **D.E.F.I.N.E.** is a serious commitment.

Signature \_\_\_\_\_ Date \_\_\_\_\_