

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

## University of South Carolina Lancaster Enrollment Form 2023-2024

**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 \_\_\_\_\_