As a student requesting enrollment/enrolled in the above listed program. I understand that the OSP staff will need access to my records as follows:

1. Academic progress and course of study, including discussion with USCL faculty/staff,

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 authorize the Opportunity Scholars Program at USC Lancaster to obtain any and all information for the records named above for the duration of my enrollment in the program. This permission is given with the understanding that the information will continue to remain confidential and use only for the needs of the Opportunity Scholars Program.

Student Signature: _____________________ Date ______

Witness Signature: _____________________ Date ______
GENDER: FEMALE___________   MALE__________

ETHNIC BACKGROUND: White, Non-Hispanic_____ African American_____
Hispanic_____ Native American ____Asian/Pacific Islanders _____
Other_____ (If other, Specify) _________________________________

MAJOR:____________________________ IF UNDECIDED, CHECK HERE_____

WOULD YOU TAKE CLASSES (CHECK): DAY_____ NIGHT_______ BOTH_____

DO YOU WORK? YES______NO______ HOW MANY HOURS PER WEEK? ______

WHAT TYPES OF FINANCIAL AID DO YOU EXPECT TO RECEIVE (CHECK ALL THAT APPLY)?
NONE_____ GRANTS_____ LOANS_____ WORK-STUDY_____ SCHOLARSHIPS
(SPECIFY) _________________________________________________________

WHAT ARE YOUR PLANS AFTER COMPLETING TWO YEARS AT USCL ARE:
TRANSFER TO: ______________________________________________________
OTHER SCHOOLING (SPECIFY): _______________________________________
FULL TIME EMPLOYMENT: ____________________________________________

HOW DID YOU HEAR ABOUT EARLY START?
TEACHER___________ OTHER STUDENTS________ PRINTED
MATERIALS_________ OTHER (SPECIFY) ______________________________

WHAT SERVICES WOULD YOU WANT TO RECEIVE (CHECK ALL THAT APPLY)?
TUTORING_____ CAREER COUNSELING_____ WORKSHOPS________
STUDY SKILLS_______ ACADEMIC ADVISING_______________________

QUALIFICATIONS:

WHAT YOUR MARITAL STATUS?
SINGLE___ MARRIED___ DIVORCED___ WIDOWED___

DO YOUR PARENTS CLAIM YOU ON THEIR INCOME TAX RETURN?
YES______NO______

NUMBER OF HOUSEHOLD MEMBERS, INCLUDING YOURSELF: _______

DID EITHER OF YOUR PARENTS OR LEGAL GUARDIANS COMPLETE A 4-YEAR DEGREE? (CHECK ALL THAT APPLY)
YES___ NO_____ IF YES, WHO COMPLETED THE DEGREE?
MOTHER_____ FATHER_______ GUARDIAN __________

DO YOU HAVE ANY LEARNING OR PHYSICAL DISABILITIES? YES___ NO____
(IF YES, PLEASE EXPLAIN)___________________________________________

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO
THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT ALL INFORMATION
CONTAINED IN THIS FORM WILL BE HELD IN THE CONFIDENCE OF THE
OPPORTUNITY SCHOLARS PROGRAM. I ALSO UNDERSTAND THAT THE ABOVE
INFORMATION IS USED FOR THE PURPOSES OF DETERMINING MY ELIGIBILITY FOR
THE PROGRAM.

SIGNATURE OF PARENT, LEGAL GUARDIAN OR INDEPENDENT STUDENT     DATE_
SIGNATURE OF APPLICANT                                             DATE_

I CERTIFY THAT THIS STUDENT IS ACCEPTED ACCORDING TO THE
FOLLOWING CRITERIA: (CHECK ALL THAT APPLY)

1. First Generation _____ Financial Assistance_______ Disability_______

OSP COORDINATOR SIGNATURE _______ DATE

FAMILY TAXABLE INCOME
(Taxable income-the adjusted gross income minus standard deductions-this amount can be
found on line 37 on your 1040 Federal Income Tax Return)