THELATHIA BAILEY EMERGENCY TEXTBOOK SCHOLARSHIP APPLICATION

Who is eligible?

Any USCL student with a minimum of a 2.50 grade-point average*, who is enrolled in at least 6 credit hours for the semester (unless it is the last semester to complete a degree) and is able to demonstrate insufficient means to meet book expenses with current resources and financial aid. Individual awards will be limited to $300 per semester. Awards are based on available funds and is not guaranteed to be available each semester.

* The student’s GPA will be a factor in the decision process. GPA’s less than 2.50 may be eligible with other factors weighed in the decision. The specific GPA used for this determination is based on the student type: Continuing Students: The USC GPA used; Freshmen w/ <12 attempted hours: The High School SC UGS GPA will be used; Transfer Students: The prior Collegiate GPA will be used.

Application Procedure

1. Complete Section I of this application
2. Provide a statement detailing why you need the scholarship.
3. Attach a copy of your semester schedule and a copy of your transcript from Self Service Carolina.
4. Complete Section II and attach a printed quote of book expenses from the Campus Bookstore Website.
5. If submitted after the deadline, have a Faculty member complete Section III.
6. Have Section IV completed by the USCL Financial Aid Office.

Turn in the completed application to: USCL Financial Aid Office; 127 Starr Hall

Factors Considered in Award Process

- Financial Need
- Previous Emergency Textbook Scholarships received
- Applicant Statement
- Educational and Career Goals
- Grade-Point Average
- Number of Credit Hours Completed
- Number of Credit Hours Enrolled In Current Term

Deadline for Submitting Application:

The deadline for each term is the last day to register/change schedule.

Applications may be submitted after due date must have a faculty member recommendation (Section III).

Awards may be made to students whose financial aid is still pending at the time of application. When financial aid is finalized, adjustments may be made.

(Application revised August 2nd, 2018)
Emergency Textbook Scholarship Application
USCL Emergency Textbook Scholarship Committee

Please complete the information below, attach a copy of your semester schedule and a copy of your transcript from SSC and return promptly to the address on p. 1. This information is required before any book scholarship can be approved.

Section I (To be completed by student)
Student’s Name: _____________________ VIP ID: _____________
Major/Program of Study: _____________________ Phone Number: (______) ________
Semester Requested: _____________________ Hours Enrolled: ________________
USC E-mail: _____@email.sc.edu

Section II – Books
For each book you need help purchasing, list the course, book title, and the cost.
*Print and attach a quote of book expenses from the Campus Bookstore Website.*

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<tr>
<th>COURSE and BOOK TITLE</th>
<th>BOOK COST</th>
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Total Cost of Books (include taxes, if any):
$________

Amount of Scholarship Aid Requested (Max $300):
$________

By signing below I am stating that all of the information provided is accurate to the best of my knowledge:

STUDENT SIGNATURE: __________________________________ Date: __________

Section III (To be completed by a Faculty Member, if after deadline)
By signing below, I am recommending that this student be considered for the T. Bailey Emer. Textbook Scholarship.

FACULTY NAME: __________________________________ Date: __________

Section IV (To be completed by Financial Aid Office) Tuition, Fees, and Awards are all reported for current semester.

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<th>FAFSA RECEIVED DATE:</th>
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<th>COST OF ATTENDANCE:</th>
<th>EXPECTED FAMILY CONTRIBUTION:</th>
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<td>TOTAL ANNUAL AWARDS:</td>
<td>SEMESTER RECEIVED:</td>
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THE FOLLOWING INFORMATION IS FOR THIS SEMESTER:

TOTAL ACTUAL TUITION AND FEES: __________

SCHOLARSHIPS: __________ GRANTS/TUITION ASSISTANCE: __________

LOANS OFFERED: __________ LOANS ACCEPTED: __________

TOTAL AVAILABLE AID: __________ TOTAL PENDING AID: __________

COMMENTS: ______________________

Financial Aid Officer Signature: __________________________________ Date: __________

FOR OFFICE USE ONLY
Approved: ___ Denied: ___ Chair Signature __________________ Date ________
Reason for denial: _____________________________________________________