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 12 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. 

* Continuing Students: USC GPA; Freshmen w/ <12 attempted hours: SC HS UGS GPA; Transfer Students: Collegiate GPA

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: (______) - __________
USC E-mail: ___________________________@email.sc.edu
Semester Requested: ___________________________
Hours Enrolled: ___________________________

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>
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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: __________________________________________
FACULTY SIGNATURE: __________________________________________ Date: __________

Section IV (To be completed by Financial Aid Office)

Tuition, Fees, and Awards are all reported for current semester.

FAFSA RECEIVED DATE: __________ COMPLETE DATE: __________
COST OF ATTENDANCE: __________ EXPECTED FAMILY CONTRIBUTION: __________
NEED: __________ TOTAL ANNUAL AWARDS: __________
PRIOR E.T.S. AWARD: __________ SEMESTER RECEIVED: __________

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: __________________________________________________________