Application Procedure

1. **Please complete application in ink.**

2. When returning this application, please bring a copy of your most recent Federal (1040) tax return. If you are a dependent, bring the tax return of the person who claims you.

3. If you have a disability that could affect your education in any way, please bring current medical documentation from your physician supporting that disability. You must register with our Disabilities Specialist in the Records Office. Click on link to fill out the online application - https://www.sa.sc.edu/sds/palmetto-college/sumter

4. When you return your completed application, please be prepared to spend an hour in the lab taking English and Math Assessments.

5. Applicants must interview with an OSP counselor, English and Math tutors, and Program Director to determine eligibility.

6. Conditional acceptance into this program is contingent upon the completion of steps 1-4.

7. Final acceptance as an OSP member is dependent upon your level of participation and use of program services.

Lisa Rosdail, Director
Opportunity Scholars Program
llrosdai@uscsumter.edu
VIP ID #_______________
USC ID # _________________

Last          First         Middle                      Preferred
Name: ______________________ Name: ______________________ Name: ____________________ Name:________________

Address: _____________________________________________ City/State/Zip: __________________________________________

Cell Phone: (____) __________________ Home Phone: (____) __________________ Other Contact #: (____) __________________

T-shirt size ____   Birthday: _____/______/______   Student Email:__________________________________________________

Unlimited Text?  Yes   No     Place of Employment: ____________________________________________________________________________ Wk Phone: (____) ________________

Are you a U.S. Citizen?  Yes _____ No _____ Is English your first language? Yes _____ No _____ What is? _____________________________________________________________

Number of dependents in household: _______ Taxable Income Amt: _____________ Student SS#:_______-______-________

Are you a first-generation college student?  (Neither your parent(s) nor guardian(s) has completed a four-year bachelor’s degree)  
☐ Yes  ☐ No

Do you have a documented learning or physical disability?  
☐ Yes  ☐ No  If yes, please describe: ___________________________________________________________________________________

If yes, are you registered with the USC Sumter Disabilities Specialist?  ☐ Yes  ☐ No  Staff Initials/Date ________________________

Student Signature__________________________________________________________________ Date_______________________

Parent Signature___________________________________________________________________ Date_______________________

Staff Signature_____________________________________________________________________Date_______________________

*Boxes for OSP Staff Official Use Only*

Academic Need Verification

Math Assessment Date _______ Result________________
Grammar Assessment Date _______ Result________________
Writing Sample Date _______ Result________________
Academic Need ____________________________

Disability
Documentation in file Yes _____ No _____ Type________________

1st Generation ________
Income ________________
Disability ______________
Staff Initials __________

I CERTIFY THAT THIS STUDENT IS ACCEPTED ACCORDING TO THE FOLLOWING CRITERIA:  
(Check all that apply)
1. First Generation ________ 2. Low Income ________ 3. Disability ________

OSP Program Coordinator _____________________________ Date __________ Director Initials __________ Date __________

1040 in file Yes _____ No _____ Initials_______

Enrollment Verification

Fall _______ Spring _______ Summer________
Fall _______ Spring _______ Summer________
Fall _______ Spring _______ Summer________

Roster

Assessments  Counselor Interview  Interview w/ Lisa  Eligibility Letter
____ Banner  ____ English Tutor Interview  ____ OSP Email  ____ Text  ____ Final Letter
____ Roster  ____ Math Tutor Interview  ____ Student Access  ____ Folder Check

Form A Revised 4/18
ADMISSIONS INFORMATION

Gender: [ ] Male  [ ] Female  Marital Status: [ ] Single  [ ] Married  [ ] Divorced  [ ] Widowed

Age: _____ High School Attended ______________________ Grad Date _______ SOAR Orientation Date_______

How many dual enrollment, AP or IB college credit hours did you receive in high school? ___________________
Which classes did you take? _____________________________________________________________________

Are you Hispanic/Latino? (Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or
origin)  [ ] Yes  [ ] No

Which of the following racial groups do you identify yourself with? (Please check all that apply)
[ ] American Indian or Alaska Native  [ ] Black or African American  [ ] White
[ ] Asian  [ ] Native Hawaiian or other Pacific Islander

Are you military? [ ] Yes  [ ] No  ( [ ] Active Duty  [ ] Retired)  Are you a veteran? [ ] Yes  [ ] No

Are you disabled? [ ] Yes  [ ] No  Are you receiving veteran’s benefits? [ ] Yes  [ ] No

Educational Status: [ ] Freshman (never attended before)  [ ] Freshman (attended before)  [ ] Sophomore  [ ] Junior  [ ] Senior

Major: ___________________________________  [ ] Undeclared  [ ] Full-time student  [ ] Part-time student

Are you pursuing an Associate’s Degree? [ ] Yes  [ ] No

What are your plans after completing two years at USC Sumter? _______________________________________

Are you participating in USC Sumter athletics?  [ ] Baseball  [ ] Softball  [ ] Tennis  [ ] Golf  [ ] Soccer

Financial Aid Information:
Have you applied for Financial Aid? [ ] Yes  [ ] No  Do you receive Financial Aid? [ ] Yes  [ ] No
Indicate the types and amounts of Financial Aid you receive  Grant_________________ Loan__________________
Lottery ___________  Life (Yes / No)  Work-Study (Hrs) _____  Scholarship (specify) ________________

General Information:
What service(s) do you need from The Opportunity Scholars Program? (Please check all that apply)
Tutoring _______  Study Skills_________  Computer Lab/Tutorials_________  Cultural Activities_________
Counseling_______  Career Search/Counseling_______  Workshops_______  Supplemental Classes_______
Transfer Help/Advisement _______  Other (specify) ________________

How did you learn about OSP? (Please specify who/how)  Orientation______________________________
Admissions/Staff ____________________  Advisor ____________________  Financial Aid
Professor (specify) ____________________  Printed Materials
Student (specify) ____________________  Other (specify) ____________________

Do you take (please check all that apply)?  [ ] Day Classes  [ ] Night Classes  [ ] Online Classes

What is your employment status? If employed, how many hours do you work per week?
[ ] Employed  [ ] Not Employed  [ ] 1 – 19 Hours  [ ] 20 – 35 Hours  [ ] 36 or More Hours

Have you previously participated in a TRiO program? (Upward Bound, Talent Search or Equal Opportunity Center)
[ ] Yes  [ ] No
If yes to the above question, please list the name and location of the program. ___________________________

*For OSP Staff Official Use ONLY

SAT Score: ______ ACT Score: ______ HS GPA: _______ INDEX:_________ Current GPA: _______

Form B    Revised 6/17
STUDENT AUTHORIZATION FORM

As a participant in the TRiO Student Support Services program, OSP, I understand that utilization of program services and activities will provide me with an opportunity for academic success as well as personal growth at USC Sumter. In order to accomplish these objectives, I give permission to the OSP staff to access my records and information including, but not limited to, the following:

1. Academic progress
2. Admissions qualifications
3. Class schedules
4. Grade reports
5. Financial aid status (grants & loans) and scholarship awards
6. Veterans Benefits

By my signature below, I hereby agree to give the Opportunity Scholars Program of USC Sumter my authorization to obtain any and all information from the records named above.

This information may be discussed with pertinent faculty and staff for the betterment of my education.

My permission is given with the understanding that the information will continue to remain confidential and used only for the needs of the Opportunity Scholars Program.

Student Signature: ___________________________ Date: ______________

**PLEASE PROVIDE A COPY OF YOUR AWARD LETTER FROM THE FINANCIAL AID OFFICE**

Emergency Contact Information:

Name______________________________ Relationship________________________

Daytime Phone (_____) ______________ Evening Phone (____) ________________
STUDENT PARTICIPATION AGREEMENT

I accept the offer to participate in the Opportunity Scholars Program and understand that this opportunity is a privilege extended to me. I also understand that the goal of this program is to assist qualified students in obtaining a two-year associate’s degree and/or transferring to a four-year institution. I agree to provide any necessary information needed to track my progress. I will fully commit myself to the program by agreeing to satisfy the following criteria.

Please initial each statement:

_____ 1. I will visit the OSP lab weekly and attend scheduled appointments (group or individual) with my assigned OSP peer coach, staff coach, counselors and tutors.

_____ 2. I will maintain an active student email address and check my email and text messages on a daily basis in order to have current information from OSP. I will also notify OSP when any of my contact information (address, cell and/or home phone numbers, etc.) changes.

_____ 3. I will communicate with my peer coach weekly and attend any scheduled appointments.

_____ 4. I understand that Tutoring Services are mandatory for all OSP students enrolled in MATH and ENGL courses and are available for other subjects as needed. I will notify OSP if I need assistance in any coursework.

_____ 5. I will meet with my OSP advisor to schedule classes each semester and before making any adjustments thereafter.

_____ 6. I will meet with my OSP advisor prior to withdrawal from a course. I will meet with the OSP Director before withdrawing completely from a semester.

_____ 7. I will attend the Free Application for Federal Student Aid (FAFSA) lunch and learn each year. I will seek assistance with my school financial aid package or get help submitting future FAFSA applications from OSP as needed.

_____ 8. Each semester, I will attend the Financial Literacy workshop AND participate in at least one Cultural Activity.

_____ 9. I will participate in surveys, evaluations, interviews, lunch and lunch pre and post tests and other OSP activities.

By my signature, I certify that I have read and agree to the above conditions as stated.

I UNDERSTAND THAT FAILURE TO COMPLY WITH THE RESPONSIBILITIES LISTED ABOVE CAN RESULT IN TERMINATION OF MY OPPORTUNITY SCHOLARS MEMBERSHIP!

______________________________________________     ____________________________
Student Participant Signature                                                    Date

______________________________________________    ____________________________
OSP Staff Signature    Date
STUDENT NEEDS REQUEST

Financial Need:
Do you have to work to pay your bills? Yes___ No___
Do you have a school loan? Yes___ No___

Academic Need:
Do you feel you need help in:
Math: Yes___ No___ Comments ________________________________________
English: Yes___ No___ Comments ________________________________________
Writing: Yes___ No___ Comments ________________________________________
History: Yes___ No___ Comments ________________________________________
Science: Yes___ No___ Comments ________________________________________
Study Skills: Yes___ No___ Comments ________________________________________
Time Management: Yes___ No___ Comments ________________________________________
Computer Skills: Yes___ No___ Comments ________________________________________
Problem Solving: Yes___ No___ Comments ________________________________________
Research Skills: Yes___ No___ Comments ________________________________________
Other (specify): __________________________________________________________

Environmental/Cultural Needs:
Is time management a problem for you? Yes___ No___
Do your study skills need to be improved? Yes___ No___
Are you comfortable writing papers and answering essay questions? Yes___ No___
Do you have a career plan? Yes___ No___
Do you feel comfortable on campus? Yes___ No___ N/A___
Is college harder than you thought it would be? Yes___ No___ N/A___
Are you comfortable with your professors? Yes___ No___ N/A___

Student Signature: __________________________________________________________________

I CERTIFY THAT THIS STUDENT IS ACCEPTED ACCORDING TO THE ABOVE LISTED CRITERIA.

OSP PROGRAM COORDINATOR SIGNATURE ___________ DATE ___________