JSCC STUDENT SUPPORT SERVICES
INFORMATION SHEET

STUDENT SUPPORT SERVICES IS A DEPARTMENT OF EDUCATION FEDERAL PROGRAM DESIGNED TO PROVIDE SUPPORT SERVICES TO ENHANCE STUDENTS’ ACADEMIC SKILLS, INCREASE THEIR RETENTION AND GRADUATION RATES AND AS APPROPRIATE, FACILITATE ENTRANCE IN TO FOUR-YEAR COLLEGES.

James Sprunt Community College’s Student Support Services program has a dedicated staff to provide academic, personal, financial, social, and career counseling to each participant. Services will be provided in both individual and group settings which will assist students for success not only here, but when they transfer to another college and/or enter the employment field.

The following required services are available to participants:

~ Assistance in reading, writing, study skills, mathematics and other subjects necessary for success at JSCC and beyond
~ Tutorial services
~ Transfer assistance
~ Services for participants with special needs
~ Academic, financial, and personal counseling
~ Exposure to cultural events and academic programs
~ Assistance in obtaining student financial aid
~ Information on career/education opportunities

All participants must be currently enrolled or accepted for enrollment in the next academic term at James Sprunt and have an established need for academic assistance. Participant eligibility is determined by your academic need, income, first generation, or disability status and commitment to participate in the program.

Director ................................................................. (910) 296-2445
Administrative Assistant .............................................. (910) 296-2446
Program Counselor ..................................................... (910) 296-1058
Academic Skills Advisor ............................................. (910) 296-2427
Math Skills Advisor ...................................................... (910) 296-1256
Special Needs Advisor ............................................... (910) 296-2447
Technology Assistant ................................................... (910) 296-1714

Revised 08/2012
TRIO

2012-2013 JSCC STUDENT SUPPORT SERVICES PROGRAM APPLICATION
(please PRINT neatly using black or blue ink)

NAME: ____________________________________________ SID #: ____________________
Last First MI SSN: ____________________

GENDER: ___ MALE ___ FEMALE
ARE YOU A US CITIZEN? ___ YES ___ NO DOB: / / 

JSCC EMAIL: ____________________ @mail.jamessprunt.edu

COMPLETE MAILING ADDRESS: ____________________________________________________________

RESIDENTIAL ADDRESS (if different from above) ___________________________________________________

PHONE NUMBERS: HOME ____________ CELL NUMBER: ____________ OTHER ____________

EMERGENCY CONTACT: ____________________________________________________________

NAME PHONE NUMBER

ETHNICITY/RACE: ___ Black/Afr. Am. ___ White ___ Hispanic/Latino ___ Am. Indian/Alaskan Native
___ Asian ___ Native Hawaiian/Other Pacific Islander

Are you classified as (circle all that apply): DISABLED VETERAN FOSTER CHILD HOMELESS not applicable
(documentation is required for verification)

Do you have a college degree: ___ YES ___ NO Has either parent received a 4 year college degree? ___ YES ___ NO
Have you been a TRiO participant? ___ YES (__SSS __ETS __UB other ________) ___ NO
(please indicate all that apply)

What is your major? ____________ What is your target date to graduate from JSCC? ____________
What is your target date to transfer? ____________

INCOME VERIFICATION
~~ MUST PROVIDE MOST RECENT 1040, 1040A, 1040EZ FEDERAL INCOME TAX FORM ~~

**Dependent student must provide parent/guardian tax information**

_______ Number of people in your household (for tax purposes) $ ____________ Family Taxable Income

** __________________________________________ Parent/Guardian Signature of Dependent Student

COMMENTS: ____________________________________________________________

________________________________________________________________________

I HEREBY CONSENT TO THE RELEASE OF MY ACADEMIC, FINANCIAL AID, TRANSFER, DISABILITY AND SOCIAL SERVICES
RECORDS/INFORMATION TO THE STUDENT SUPPORT SERVICES PROGRAM (SSSP). IN ADDITION, JSCC AND SSSP HAVE
PERMISSION TO USE MY PHOTO FOR PROMOTIONAL PURPOSES. TO THE BEST OF MY KNOWLEDGE, THE ABOVE
INFORMATION IS CORRECT.

_________________________________________ DATE
STUDENT SIGNATURE

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**Student Support Services Program Contract**

**We will offer you:**
Financial Literacy  
Assistance in completing your annual FAFSA  
Transfer Assistance  
Academic Advising/Course Selection  
Workshops pertaining to study skills, finances, career opportunities  
Tutoring  
Math Assistance  
Counseling  
Special Accommodations as needed according to required documentation  
Updates regarding SSSP activities, services, and events via JSCC email  
Supplemental Grant Aid consideration  
Opportunities to become eligible to attend the annual cultural trip  
Our support in obtaining your Associate Degree and transferring to a 4-year university

**You will participate in required services by:**
Completing the LASSI  
Attending the annual Fall Orientation  
Checking your JSCC emails daily  
Meeting your SSSP Advisor regularly throughout the semester  
Attending your Mid-Semester Conference  
Attending Financial Literacy/Counseling events  
Attending our workshops  
Attending your tutoring sessions  
Meeting with your SSSP Advisor PRIOR to altering your class schedule  
Completing your FAFSA  
Reviewing our web page for guidelines regarding use of labs, the JSCC Acceptable Use Policy, and Travel guidelines  
Evaluate the program as needed

*If accepted into the Student Support Services Program, I agree to abide by the rules and be an active participant in the services provided. If I choose not to abide by the rules and not participate, I am acknowledging that the services are available to me but I am refusing the services. Student Support Services has the right to dismiss me from the program.*

_________________________  
Student Signature  
_________________________  
Date

_________________________  
Staff Signature  
_________________________  
Date

_________________________  
Director Signature  
_________________________  
Date

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PERMISSION TO RELEASE INFORMATION

Name: ____________________________________________________________

Social Security Number: ___________________ - _____ - ________________

Date of Birth: __________/________/________
   Month       Day       Year

Current Telephone #: (______) __________ - ______________

Email Address: _________________________________________________

I hereby give ____________________________________________
(Name of 4-year college or institution)
permission to release information regarding my admission, transfer credits, registration, course load, grades, financial aid or other pertinent date to Deboria Hill, Program Counselor with the Student Support Services Program at James Sprunt Community College. Permission is granted to release information as it is requested now or in the future.

This notice is valid until I revoke it in writing.

Thank you,

__________________________________  _______________________
(Signature of Student)              (date)

updated on 2/10/10