



STUDENT ID #: _____

**JSCC TRIO STUDENT SUPPORT SERVICES
2014-15 PROGRAM APPLICATION**
(please PRINT neatly using black or blue ink)

NAME: _____ SSN: _____
Last First MI

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 _____ 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 previously been a TRiO participant? ___ YES (ex: SSS___ ETS___ UB___ other _____) ___ NO
(please indicate all that apply)

What is your major? _____ Do you plan to transfer to a four-year college? ___ Yes ___ No

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: _____

TRIO Student Support Services Program Contract

You will participate in required services by:

- Attending Your Mid-Semester Conference
- Completing CashCourse modules
- Attending Your Scheduled Tutoring Sessions
- Completing the LASSI
- Completing Your FAFSA
- Discussing Transfer Options with Advisor
- Checking Your JSCC Emails Daily
- Meeting Your SSSP Advisor Regularly Throughout the Semester
- Attending Our Workshops
- Attending the Annual Fall Orientation
- Meeting with Your SSSP Advisor PRIOR to Altering Your Class Schedule
- Reviewing Our Web Page for Guidelines Regarding Use of Labs, the JSCC Acceptable Use Policy, and Travel Policy
- Evaluate the Program as Needed

If accepted into the TRIO 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. TRIO Student Support Services has the right to dismiss me from the program.

PERMISSION TO RELEASE INFORMATION:

I hereby give my permission to release information regarding my admission, transfer credits, registration, course load, grades, financial aid or other pertinent data to Deboria Hill or current Program Counselor with the TRIO 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.

I hereby consent to the release of my academic, financial aid, transfer, and disability information to the TRIO 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 provided information is correct.

Student Signature

Date

Staff Signature

Date

Director Signature

Date