

**TRIO/S.T.A.R/Student Support Services
Jefferson Community College**

**1220 Coffeen Street
Watertown, NY 13601**

**Phone: 315-786-6555
Fax: 315-786-6518**



S.T.A.R/Student Support Services

How Can We Help You?

Please check any of the services that you are interested in and would like more information about:

- | | | |
|---|--|--|
| <input type="checkbox"/> Summer Bridge Program | <input type="checkbox"/> Career/Transfer Information | <input type="checkbox"/> Workshops (Test-Taking, etc.) |
| <input type="checkbox"/> Summer Plus Program | <input type="checkbox"/> Personal Counseling | <input type="checkbox"/> Cultural Activities |
| <input type="checkbox"/> Community and Campus Referral | <input type="checkbox"/> Learning Lab Assistance (MTH, REA, ENG) | |
| <input type="checkbox"/> Academic Advice and Assistance | <input type="checkbox"/> Financial Aid Counseling | |

Personal Information

Student Name			J# : J _____
_____	_____	_____	_____
Last	First	Middle Initial	Social Security#
Home Address Number, Street /PO Box		Local Mailing Address (If Different from Home Address) Number, Street /PO Box	
City, State, Zip		City, State, Zip	
Email Address (Most frequently used)			

Home Phone _____-_____-_____ Cell Phone _____-_____-_____ Date of Birth ____/____/____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident
	Ethnicity <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Hispanic	

Program Eligibility

Has either of your parents received a four-year degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a student who has a Documented Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does the College have record of it? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Educational Plans

My educational plans are to:

Graduate with a two-year degree from JCC and find employments as _____

Continue a four year degree in _____

Enter for one year and then complete my two-year degree at another institution

Complete some coursework, but not a degree

I am not sure of my educational/career goal at this time.

Other (please specify) _____

Please Read Carefully!

I certify that the information that I have provided is true and correct to the best of my knowledge. I understand that STAR staff will use the data provided on this application form to assist in assessing my academic, personal, and financial needs. I understand that STAR is a student support services (SSS) grant from the U.S. Dept. of Education. By signing this form, I authorize members of the STAR staff to obtain any and all information or documentation necessary for the ongoing evaluation of my academic pursuits and to communicate with faculty, staff, and agency personnel in order to provide support services. I understand that the STAR staff can only assist me in fulfilling my goals if I fulfill my obligation. Failure to meet my responsibilities as required can result in suspension and/or termination from the program .

Signature _____ **Date:** _____

Return Completed Application To: Jefferson Community College, The STAR Program Room 6-118, 1220 Coffeen Street, Watertown, NY 13601

THIS PAGE IS INTENDED FOR OFFICE USE ONLY

PROGRAM ACCEPTANCE DATA:

- First Generation: _____ Referred by: _____
 Financially Eligible: _____ COMMENTS: _____
 Disabled: _____

This student needs academic support because: 7() probation 8() GED 9() dismissal 1() HS GPA < 80
6() developmental coursework in _____ Use multiple code 11()

Verification by: _____ Date: _____

COUNSELOR'S ASSESSMENT AND COMMENTS:

Student learned about STAR through: () staff visit to class () another student () brochure _____
() faculty member _____ () academic advisor _____ () other _____

Student has () computer () access to Internet

Yr. h.s. Diploma or last attendance: _____ Have you attended college previously _____

Children: _____ Ages: _____ Childcare Plan: _____

Who are you currently living with _____

Spouse supportive/or family () Yes () No _____

No. of hours working/week: _____ Where: _____

Financial situation: _____ FAFSA/TAP complete: () Yes () No _____

History/indication of disability: () Yes () No If yes, refer to Disability Specialist _____

Academic Motivation: (Why College Now? Degree Choice?) _____

College Transfer Plans: _____

Agrees to INT 102, Career Exploration: () Yes () No _____

Agrees to Learning Labs: () Yes () No _____

SUMMER BRIDGE

Applying for Summer Bridge: () Yes () No () Reading 099 _____ () English 099 _____

Has transportation: () Yes () No Can afford text book costs: () Yes () No _____

Can commit to Summer Bridge schedule: () Yes () No _____

COUNSELORS RECOMMENDATIONS

Counselor Recommendations: () Yes () No Why: _____