



# JUMP START PROGRAM

## Student Application

The Jump Start Program at Sussex County Community College is designed for presently enrolled above-average high school students who wish to earn college-level credits prior to graduation.

Name

Address

City

State

Zip Code

High School

High School Graduation Date

Phone Number

Best time to call

I am interested in applying for the Sussex County Community College Jump Start Program. I understand that acceptance to participate in this special program is contingent upon my meeting the academic requirements.

If accepted, I will be issued a SCCC Student I.D. card, and will be eligible for all the privileges of a regular SCCC student, including use of the College Library and personal computers and will be bound by the rules, regulations and Code of Conduct of the College. I may not participate in the College's Intercollegiate Athletic Program while I am a Jump Start student. I understand that once I graduate from high school I will no longer be eligible for the Jump Start program.

I would like to take the following course(s):

Course Name

Course Name

During the (check one)  Fall  Spring  Summer 20\_\_\_\_ Semester

I will be taking this course:

- For personal enrichment
- For college credit
- To satisfy a high school requirement (Be sure to obtain high school approval)
- Other

Signature

Date

Mail or return to:  
**Sussex County Community College**  
**One College Hill Road, Newton, New Jersey 07860**  
**Attn: Kathi Gallichio, Counselor**

kgallichio@sussex.edu • (973) 300-2245



# JUMP START PROGRAM Parent/Guardian Permission Form

I am the parent/guardian of \_\_\_\_\_

Applicant's Name (Please Print)

My signature on this form indicates my permission for him/her to participate in the Jump Start Program at Sussex County Community College. I understand that this course may be applied toward an associate degree or certificate program if my son/daughter continues his/her education at Sussex County Community College. Further, I understand that if my son/daughter completes this course with a "C" grade or better, this course may be eligible for transfer to a four-year college or university in the United States.

Parent/Guardian Signature

Date

Student Signature

Date

## Academic Requirements

### \* Applicant Must:

1. Be a high school junior, senior or home-schooled student between 16–18 years of age.
2. Have a SAT score of at least 530 math and 540 reading. Students who have yet to take the SAT or ACT will be required to take the Placement Test (Accuplacer). Ability to register will be based on outcome of the Placement Test.
3. Be recommended by his/her high school guidance counselor
4. Have parental/guardian permission to participate

Successful candidates must then meet with a counselor in the SCCC Counseling & Advising Center in order to complete their registration. Students or parents may call the Counseling & Advising Center at (973) 300-2207 should they have any questions about the Jump Start Program.

Art, graphic design, music and performing arts classes may be taken by high school juniors and seniors with a letter of recommendation from their music or art teacher. However, they must still apply and be approved by the Jump Start Counselor. Be advised some art, graphic design, music and performing arts classes may not require Placement Testing.

\* Students who do not currently meet some of the Academic Requirements but who are recommended for acceptance must agree to take the College Placement Test and meet with a SCCC Counselor when the Placement Test scores are received.

Documentation will then be reviewed by SCCC's Jump Start Counselor and the Director of Counseling. Their recommendation will be sent to the Vice President of Academic Affairs who will make the final decision of acceptance or rejection. A decision letter will be sent to the candidate.



# JUMP START PROGRAM High School Guidance Counselor Permission Form

Student Name \_\_\_\_\_

Rank \_\_\_\_\_ in a class of \_\_\_\_\_

SAT Scores: Reading \_\_\_\_\_ Date taken \_\_\_\_\_

Math \_\_\_\_\_ Date taken \_\_\_\_\_

## High School Guidance Counselor Statement

It is my recommendation that \_\_\_\_\_ is socially and academically prepared to take a college-level course. Applicant's Name (**Please Print**)

The course(s) \_\_\_\_\_ is appropriate for this student. Name of Course Name of Course

The student's current official high school transcript is enclosed for your academic records.

Please call me at \_\_\_\_\_ should you have any questions. High School Phone Number

High School Guidance Counselor Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

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