

2024-2025



Statement of Educational Purpose and Certification of Identity

This form must be completed and signed in the presence of either JSCC Financial Aid Staff or a Notary Public. A copy of a valid government issued ID must be submitted with this form.

PLEASE DO NOT COMPLETE THIS FORM IN ADVANCE.

Student Information

Last Name	First Name	Middle Initial	Student ID
<hr/>			
Mailing Address	City	State	Zip Code
<hr/>			
Phone Number (Include Area Code)		Alternate Number (Include Area Code)	

By affixing my initials and signature below, I certify the following to be true:

Initial

1. I understand that purposely providing false or misleading information to obtain financial aid is a federal offense punishable by fines and imprisonment.	
2. I understand that the U.S. Secretary of Education has the authority to verify information used to apply for federal student aid with the Internal Revenue Service and other federal agencies.	
3. I understand that JSCC has the authority to request documentation required to verify the accuracy of my financial aid application.	
4. I am not in default on a federal student loan or I have made satisfactory arrangements to repay it.	
5. I will notify JSCC if I default on a federal student loan.	
6. I do not owe money back on a federal student grant or I have made satisfactory arrangements to repay it.	
7. I will not receive a Federal Pell Grant from more than one school for the same period of time.	
8. I understand that to remain eligible to receive financial aid I must maintain Satisfactory Academic Progress toward the completion of my academic program. <i>Requirements are on back of this form.</i>	
9. I understand that I can receive financial aid for a total of 6 years or 12 semesters before reaching my maximum Lifetime Eligibility Used of 600%.	
10. I understand that withdrawing, dropping or not attending my classes may lead to the reduction or cancellation of financial aid, and/or owing a balance.	
11. I understand that it is my responsibility to consult with the Financial Aid Office prior to changing my course load.	
12. I understand that JSCC and the U.S. Department of Education and/or the NC Department of Revenue will pursue collection efforts for cancelled or reduced aid that I received and to which I am not entitled.	

MAIL OR RETURN TO:

James Sprunt Community College, Attn: Financial Aid Office, PO Box 398, Kenansville, NC 28349

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Satisfactory Academic Progress Policy

In order to receive financial aid Federal Guidelines must be met:

1. a cumulative 2.0 GPA (C average)
2. 67% completion/pass rate (total number of semester hours completed/total number of hours you have registered for)
3. Not to have exceeded the maximum timeframe of 150%

SATISFACTORY: *Received when a student has met all above criteria*

WARNING STATUS: *Received after the first semester student has failed to maintained a 2.0GPA or fall below a 67% completion/pass rate*

SUSPEND STATUS: *Received after two semesters of failing to maintain a 2.0 GPA or falling below a 67% completion/pass rate*

WARN MAX 150%: *Received when a student is approaching the maximum number of hours they can take in their primary major*

MAX 150%: *Received when a student has met or exceeded the maximum number of hours he/she can take in their major*

Students may monitor their LEU at https://www.nsls.ed.gov/nsls_SA/SaFinLoginPage.do

I, _____, certify that I am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending James Sprunt Community College for 2024-2025.

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By signing this form, you agree to provide information that will verify the accuracy of your information, if requested. If you purposely give false or misleading information, you will be referred to the United States Department of Education's Inspector General. If you purposely give false or misleading information in order to qualify for Title IV funds, you may be fined, sent to prison or both.

Student's Signature

Date _____

County: _____

State: _____

Notary Seal

My commission expires: _____

Sworn to and subscribed before me this, the _____ **day of** _____, 20____.

Notary's Signature: _____

Please Print Notary Name: _____

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