College Reach-Out Program **CROP**

Mail to College Reach-Out Program
University of South Florida - 4202 E. Fowler Avenue - SVC1054 - Tampa, Florida 33620

NOTE: YOUR APPLICATION WILL NOT BE PROCESSED WITH OUT RECEIPT OF ALL REQUESTED DOCUMENTS. (See back)

Student Demographic Information

Last Name:	First Name:	School ID"/Optional: SSN	Birth Date:	Date Appl. Submitted:
Address:		Black ( ) Hispanic ( ) White ( ) Asian/P.I.( ) Other (Specify)_____		Male ( ) Female ( )
City / State /Zip Code:		Home Phone No: ( )	Campus: **USF**	County No: **Hills. / 29**

All information provided for the purpose of program eligibility, e.g., social security number, transcripts, etc., are confidential and may only be released under circumstances as set forth in Florida's Public Records Acts or as required by law or court order.

Personal / Educational Information *(To be completed by student and counselor)*

Current School	Current Grade	Student Future educational plan(s) (Select one below)		Sch. No. (4 digits)	Disabled (Select)
		( ) Technical / Vocational Institute ( ) 2 yr. Community College ( ) 4 yr. Public / Private University ( ) Other _____			Yes ( ) No ( )

Current High Sch. GPA	Number Absences	Number Suspensions	FCAT Reading Score	FCAT Math Score	Math Test Score	Reading Test Score

Family Information

I currently live with my: ( ) Mother ( ) Father ( ) Both Parents ( ) Other (Please Specify) _____

Parent(s) / Guardian(s) Name(s): _____

Address:	City:	State: **Florida**	Zip Code:	Home Phone No: ( )_____

Place of Employment:	Job Title:	Work Phone No:
Mother (Guardian) - _____	_____	( ) _____
Father (Guardian) - _____	_____	( ) _____

Educational Level (Check one for each parent/guardian)	1 No H.S. Diploma	2 H.S. Diploma	3 Assoc. Degree	4 Bachelor Degree	5 Master's Degree	6 Ph.D. or M.D.	7 Not Avail.	8 OTHER
Mother or Guardian								
Father or Guardian								

Family Income **(Do not skip: Check the appropriate income option below - $7,696 for ea. additional person**

Must be completed: No. of people in the family ( )	Less Than **21,775** ( )	Less Than **29,471** ( )	Less Than **37,167** ( )	Less Than **44,863** ( )	Less Than **52,559** ( )	Less Than **60,255** ( )	Less Than **67,951** ( )	Less Than **75,647** ( )
NOTE: Documentation must be provided for all the box(es) checked.	Free / Reduced Lunch ( )	AFDC ( )	WAGES ( )	Public Assistance ( )	Medicaid ( )	Food Stamps ( )	Other ( )	

We, parent and student, attest that all the information provided on application is true to the best of our knowledge. We also agree to support the College Reach-Out Program and participate in scheduled activities and furthermore, grant the school permission to release academic information regarding the student.

Student's Signature: _____   Parent's/Guardian's Signature: _____

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Qualifying Information

Student must meet one of the following __ECONOMIC CRITERIA__ to be accepted in CROP (you must check at least one box below).

☐ Low-income family household **(copy of parent most recent tax document must be attached with application).**

☐ Currently receives free or reduced lunch **(the approved letter for free or reduced lunch must be attached with application).**

☐ AFDC, WAGES, Public Assistance, Medicaid, Food Stamps **(proof of services must be provided)** .

☐ Other(s) - please specify: _____ **(proof of service(s) must be provided).**

Student must also meet of the following __ACADEMIC CRITERIA__ to be accepted in CROP (you must check at least one box below).

☐ First generation college student **(neither parent(s)/guardian(s) have a Bachelor's degree, based on who the student lives with).**

☐ Student GPA is less than a 2.5 **(higher GPA accepted; GPA for acceptance will vary depending on student's grade level).**

☐ Below passing FCAT Math and/or Reading scores **(proof of student scores must be provided and recorded on application).**

☐ Student has been recently retained, suspended, expelled, or has more than 25 absences **(proof must be provided).**

☐ Student Florida Writing Assessment Program score is below state 2.0 average **(proof is required with student record).**

Recommendation: (brief statement from school counselor, teacher, or principal with printed name and date).

_____
_____
_____
_____
_____

_____   _____
     Printed School Personnel Name Above   *Date of Recommendation*

Respond to the following question: Have you been a participant in any other College Reach-Out Program before applying to join USF-CROP? **Select the appropriate answer:**   **YES** (Specify: _____) **or   NO**

Circle the appropriate program if it applies to you.   Are you in __College Link__ or __AVID__.

Will you be taking online classes with Florida Virtual School or Online this year? *Select the appropriate answer:*   **YES   or   NO** (Write the name/s of the class/es and the specific date/s: 1) Course Name & Date: _____ _____ 2. Course Name & Date: _____

NOTE: All required documents must be accompanied with application to receive a response.

1. A completed CROP application **with both** the applicant and parent signatures.

2. Student's transcript 9th – current grade for H. S. and 6th – current grade for middle school (report cards accepted).

3. Copy of parent(s)/guardian(s) most current tax document, i.e., 1040/1040A (**NOT acceptable: W2 or pay stubs**).

4. Documented proof of all services checked off on application **(e.g., Copy of approved letter for free or reduced lunch).**

5. Provide the FCAT **3 digit scores in Math and Reading** on application **or** copy of scores with application.

6. Recommendation from counselor, teacher, or principal (see section/space above for recommendation).

7. Student essay (200 words for high school) (100 words for middle school) TOPIC: Focus essay on future educational and career goals **(Please type your essay or clearly write in blue or black ink pen; absolutely no pencil).**

Contact information: (813) 974-9261   •   (813) 974-3713   •   (813) 974-9609 fax