

# College Reach-Out Program (CROP) Student Application

DATE: \_\_\_\_\_ Which CROP program are you applying to? \_\_\_\_\_ UWF \_\_\_\_\_ PJC \_\_\_\_\_ OWCC

## DEMOGRAPHIC INFORMATION

NAME: \_\_\_\_\_ SSN#: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_ STUDENT # \_\_\_\_\_  
 GENDER: \_\_\_\_\_ RACE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ SCHOOL CODE: \_\_\_\_\_ GPA: \_\_\_\_\_  
 Do you have a disability? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list here and provide documentation: \_\_\_\_\_

### Disability

\_\_\_\_\_ Physically impaired \_\_\_\_\_ Speech impaired \_\_\_\_\_ Language impaired  
 \_\_\_\_\_ Hard of Hearing \_\_\_\_\_ Visually impaired \_\_\_\_\_ Emotionally Handicapped  
 \_\_\_\_\_ Specific Learning Disability \_\_\_\_\_ Other \_\_\_\_\_

## FAMILY INFORMATION

FATHER'S NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
 MOTHER'S NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
 If you do not live with your parents, please list your guardian's name and phone number.  
 GUARDIAN'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

Place an "X" in the space that applies.

Father's Education: \_\_\_\_\_ No H.S. Diploma \_\_\_\_\_ Diploma \_\_\_\_\_ GED \_\_\_\_\_ Unavailable  
 \_\_\_\_\_ AA Degree \_\_\_\_\_ Bachelors \_\_\_\_\_ Masters \_\_\_\_\_ Doc./Prof.

Place an "X" in the space that applies.

Mother's Education: \_\_\_\_\_ No H.S. Diploma \_\_\_\_\_ Diploma \_\_\_\_\_ GED \_\_\_\_\_ Unavailable  
 \_\_\_\_\_ AA Degree \_\_\_\_\_ Bachelors \_\_\_\_\_ Masters \_\_\_\_\_ Doc./Prof.

Place an "X" in the space that applies.

Guardian's Education: \_\_\_\_\_ No H.S. Diploma \_\_\_\_\_ Diploma \_\_\_\_\_ GED \_\_\_\_\_ Unavailable  
 \_\_\_\_\_ AA Degree \_\_\_\_\_ Bachelors \_\_\_\_\_ Masters \_\_\_\_\_ Doc./Prof.

### Family income level (refer to W-2 Tax Return Form): \_\_\_\_\_

*For verification of income, please include a notarized statement of your income; attach a copy of all W-2s for the current year, or a copy of this year's tax return.*  **I am not required to file a tax return**

Number of persons in Student's household: \_\_\_\_\_

Please check: \_\_\_\_\_ Reduced Lunch \_\_\_\_\_ Free Lunch \_\_\_\_\_ Regular Lunch  
 \_\_\_\_\_ AFDC \_\_\_\_\_ Food stamps \_\_\_\_\_ Medicaid  
 \_\_\_\_\_ W.A.G.E.S. \_\_\_\_\_ SSI \_\_\_\_\_ Public Assistance  
 \_\_\_\_\_ HUD

**IMPORTANT: Please complete all areas of this application.**

**CONTINUED ON BACK**

Check subjects you might need tutoring in:  Math  English  Science  History

Other: \_\_\_\_\_  
\_\_\_\_\_

Were you a participant in the College Reach-Out Program at UWF, PJC or OWCC? Yes  No

If yes, what year did you begin participating? \_\_\_\_\_

Please list any school organizations, groups, clubs and/or sports that you participated in.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What areas of CROP are you most interested in?  
(Check all boxes that apply)

After-School Tutoring  
 Educational Activities  
 Summer Residency  
 Reading Program  
 Mentoring Activities  
 Other

Workshops  
 Educational Trips  
 Community Service  
 ACT Preparation  
 Cultural Activities

**AUTHORIZATION:**

I hereby certify the information on this application is true to the best of my knowledge. I give authorization for my child to participate in the above program. I assume full responsibility for his or her conduct in College Reach-Out Program. I understand that my child is required to participate in College Reach-Out Program activities, field trips, workshops, or programs offered by the College Reach-Out Program.

\_\_\_\_\_  
PARENT or GUARDIAN SIGNATURE DATE

\_\_\_\_\_  
STUDENT SIGNATURE DATE

**OFFICE USE ONLY**

<input type="checkbox"/> Low Math	<input type="checkbox"/> Low Reading	<input type="checkbox"/> Retained
<input type="checkbox"/> Drop Out Prevention	<input type="checkbox"/> Absent >25	<input type="checkbox"/> Expulsion /Suspension
<input type="checkbox"/> GPA>2.5	<input type="checkbox"/> Low FCAT Reading	<input type="checkbox"/> Low FCAT Math
<input type="checkbox"/> Florida Writing		