Student Demographic Information

Last Name:	First Name & Middle Initial:	Please identify the recruiter who encouraged you to apply. _____ _____ How did you hear about the program if it was not one of our recruiters?	Birth Date:	Date Submitted:
Address:		o Asian or Pacific Islander o Black/African-American, Non-Hispanic o Hispanic o Native American or Alaskan Native o Hispanic/Latino o White, Non-Hispanic o Other or Multi-Cultural_____		o Male o Female
City & Zip Code:	Student Cell Phone #:	Student Email Address:	County No: **Hills. / 29**	

All information provided for the purpose of program eligibility. The information remains confidential and will 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

Current School (DO NOT SKIP) _____	Grade Level _____	Student educational plan(s) (Select one below) ( ) **Technical / Vocational Institute** ( ) **2 yr. Community College** ( ) **4 yr. Public / Private University** ( ) **Other (Detail Below)** _____	Sch. No. (Enter 4 digits below) ___ ___ ___ ___

Current GPA	Number Absences	Number Suspensions	Dropout Prevention Program Date & Location	FSA Language (ELA) Score	FSA Math Score	EOC Algebra I Score
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Family Information

(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	o	o	o	o	o	o	o	o
Father or Guardian	o	o	o	o	o	o	o	o

NOTE: Documentation must be provided for all box (es) checked.	Free or Reduced Lunch ( )	Orphan or Ward of State ( )	Public Assistance Supplemental Security Income ( )	Public Assistance Housing Voucher ( )

CROP APPLICATION FOR THE 2023-2024 ACADEMIC YEAR

Briefly describe your reasons for applying.

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Eligibility Requirements

Students must meet one of the following criteria from section A and section B. Please mark all that apply.

Section A
- o   Currently receives free or reduced lunch.
- o   Family receives another form of public assistance such as, but not limited to, supplemental security income or participates in the housing choice voucher program.
- o   Orphan or ward of the court with no taxable income.

Section B

- o   Student is a first-generation college student; defined as no parent or guardian has earned a bachelor's degree.
- o   Cumulative GPA for preceding academic year is below 2.5 or you received a C or below in a core subject.
- o   Achievement level below a 3 in English Language Arts (ELA) and Math on the FSA or on Algebra I EOC assessment the previous academic year.

Respond to the following: Have you participated in a College Reach-Out Program before applying to USF-CROP? *Check_____***YES** (Institution's Name / City:_____) **/____NO**

Will you be taking online classes with Florida (FLVS) or Hillsborough Virtual School?

*Check the appropriate answer:_____***YES or____NO** (Write the name/s of the class/es and the specific date/s taken:

1. Course Name & Date:_____**2.** Course Name & Date: _____

3. Course Name & Date:_____**4.** Course Name & Date: _____

NOTE: All required documents MUST BE ACCOMPANIED WITH APPLICATION to receive response.

See list below of the six (4) category of information/documents required with submission of CROP application:

1. A completed CROP application **with both** the applicant and parent signatures. **(MUST BE SIGNED)**

2. Copy of high school students ($9^{TH} – 12^{TH}$) transcript and middle school ($7^{TH} – 8^{TH}$) recent report cards acceptable).

3. Documented **proof of all services checked on application** **(e.g., current proof of approved free or reduced lunch).**

4. Copy of FSA and/or EOC **scores in English, Math and Algebra I** with application.

SUBMITT APPLICATION TO A RECRUITER. EMAIL PROVIDED ON PAGE 1 AT THE TOP.

Telephone Contact Info: (813) 974-4051   □   (813) 974-0945 fax

APPLICATIONS ARE PROCESSED EXPEDITIOUSLY WHEN ALL REQUIRED DOCUMENTS ARE RECEIVED.

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: _____

CROP APPLICATION FOR THE 2023-2024 ACADEMIC YEAR