



CONTACT: Email: sallyholtsmi@usf.edu OR khair@usf.edu / (813) 974-9261

NOTE: YOUR APPLICATION WILL BE PROCESSED UPON RECEIPT OF DOCUMENTS # 1 - 6. (See bottom of page 2)

Student Demographic Information

| | | | | |
|------------------|-------------|--|-------------------------------|----------------------------------|
| Last Name: | First Name: | Write SS# <u> </u> and School ID#: <u> </u> | Birth Date: | Date Submitted: |
| Address: | | Black () Hispanic () White () Asian/P.I. () Other (Specify) <u> </u> | Male () Female () | |
| City & Zip Code: | | Home Phone No: () - - - | Campus: USF - Tampa | County No: Hills. / 29 |

All information provided for the purpose of program eligibility, e.g., social security number, transcripts, etc., are 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 (To be completed by student and counselor)

| Current School (DO NOT SKIP) | | Circle Current Grade | Student educational plan(s) (Select one below) | | Sch. No. (Enter 4 digits below) | |
|---------------------------------|-----------------|--|---|--------------------------|------------------------------------|---------------------|
| | | <u>MS</u> : 7 th 8 th <u>HS</u> : 9 th 10 th 11 th 12 th | () Technical / Vocational Institute () 2 yr. Community College () 4 yr. Public / Private University () Other <u> </u> | | _____ | |
| Current High Sch. GPA | Number Absences | Number Suspensions | Dropout Prevention Program Date & Location | FSA Language (ELA) Score | FSA Math Score | EOC Algebra I Score |
| | | | ----- | | | |

Family Information

| | | | | | | | | |
|---|----------------------------------|-------------------------------|-----------------------------------|----------------------------------|--|--------------------------------|---|-----------------------|
| I currently live with my: () Mother () Father () Both Parents () Other (Please Specify) _____ | | | | | | | | |
| Parent(s) / Guardian(s) Name(s): | | | | / EMAIL: _____ | | | | |
| Address: (if same, write SAME) | | City: | State: Florida | Zip Code: | Home Phone No: () _____ | | | |
| Place of Employment: | | | Job Title: | | Work Phone No: | | | |
| Mother (Guardian) - _____ | | | _____ | | () _____ | | | |
| Father (Guardian) - _____ | | | _____ | | () _____ | | | |
| Parent/s Email: _____ | | | | | | | | |
| (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 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Father or Guardian | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 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 () | |

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: _____

Eligibility Requirements

Check at least one box in each category below. Applicant must one eligibility criteria in each category below to qualify (ECONOMIC and ACADEMIC).

Student must meet at least one of the following ECONOMIC criteria below. (Check a box/es / and you must also meet ACADEMIC criteria).

1. ☐ Currently receives Free and Reduced-Price Lunch (approved eligibility must be provided – see school guidance);
2. ☐ Family Received other Public Assistance during the preceding year: Supplemental Security Income and/or Housing Choice Voucher Program (proof required);
3. ☐ Orphan or ward of the court with no taxable income (proof required).

Student must meet at least one of the following ACADEMIC criteria below. (Check a box/es / and you must also meet ECONOMIC criteria).

Be in grades 7-12 AND also meet at least one or more of the following criteria below in addition to one above.

1. ☐ First generation-in-college student (neither of whose natural/adoptive parent has a BA degree or prior to age of 18 regularly resided with, and received support from, one parent and whose supporting parents did not receive a BA degree; or receive support from, a natural or adoptive parent); (Any one or more of the situations listed will be acceptable)
2. ☐ Student cumulative GPA for preceding academic year is below a 2.5; (provide school one page summary sheet or transcript)
3. ☐ Achievement level below a 3 in English Language Arts (ELA) and Math on the FSA; or on Algebra I EOC assessment (proof of student scores must be provided and recorded on application);
4. ☐ Retained (not promoted to the next grade in any academic year); experience any of the following the previous school year: Suspended or Expelled or incurred Absences of 25 school days or more or participated in a Dropout Prevention Program.

Recommendation: (statement from school counselor, teacher, or principal with name, date & contact info.)

Print School Personnel Name Above & Contact Info. (Email and/or Phone no.)

Date of Recommendation

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 (6) 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 (9TH – 12TH) transcript and middle school (7TH – 8TH) 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.
5. Recommendation from counselor, teacher, or principal (**space with lines provided above for recommendation**).
6. Student essay (200 words for high school) (100 words for middle school) **TOPIC:** Focus essay on future educational and career goals. (**typed OR clearly written essay / ONLY blue or black ink**); **NO PENCIL**).

Telephone Contact Info: (813) 974-9261 • (813) 974-2022 fax

APPLICATIONS ARE PROCESSED EXPEDITIOUSLY WHEN **ALL REQUIRED DOCUMENTS** ARE RECEIVED.
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