College Reach-Out Program

What is the College Reach-Out Program (CROP)?

CROP is a state-sponsored educational program established by the legislature to increase the number of low-income educationally disadvantaged students in grades 6-12 who, upon high school graduation, are admitted and successfully complete postsecondary education.

The College Reach-Out Program of Pasco-Hernando State College serves students in both Hernando and Pasco counties.

What are the qualifications for CROP?

Qualifications for Enrollment

The program targets first generation college students who have the desire to attend a post-secondary institution upon graduation from high school. Students must qualify academically and economically. Students must meet a minimum of one criterion, preferably two, under both guidelines. All guidelines refer to the year immediately prior to the student’s initial year of participation in CROP.

<table>
<thead>
<tr>
<th>Academic Guidelines</th>
<th>Economic Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>First time in college students</td>
<td>Received reduced or free lunch</td>
</tr>
<tr>
<td>Low FSA scores</td>
<td>Low-income</td>
</tr>
<tr>
<td>Low Florida Writes Scores</td>
<td>Participates in WAGES</td>
</tr>
<tr>
<td>Low grade point average (GPA)</td>
<td>Receive public assistance</td>
</tr>
</tbody>
</table>

What type of activities do CROP students participate in?

CROP Activities:

- Super Saturday
- Tutoring
- College Residential Visit
- Summer Academy
- Field Trips

The College Reach-Out Program is free! Simply complete an application and meet the qualifications listed above.

The College Reach-Out Program is a free program, all you have to do is complete an application and meet the qualifications listed above.
How do I contact someone about the program?

Submit all materials to:
  College Reach-Out Program
  c/o Imani Asukile
  Pasco-Hernando State College
  10230 Ridge Road
  New Port Richey, FL 34654-5199

For further information contact:
  Rontery L. Black
  Email: blackr@phsc.edu
  Phone: 352-797-5027
College Reach-Out Program
10230 Ridge Road,
New Port Richey, FL 34654-5199
Hernando County/ Pasco County: (352)797-5027

Date: _______________________
Initial Year: _______________________

I. **Student Information**

Last Name: ___________________________ First Name: ___________________________ Middle Name: ___________________________

Date of Birth: ___/___/____ Social Security No.: _____-____-_____

County of Residence: ___________________________

(Please attach a copy of card)

Ethnicity: □ African American □ White □ Hispanic □ Asian □ Other

Gender: □ Male □ Female

[Email Address] ___________________________________________________ [FaceBook] □ Yes □ No

II. **School Information**

Name of School: ___________________________ Current Grade: ______ GPA: ______

Graduation Year: _____________ Special Honors: ___________________________

Plans to Attend College: Yes □ No □ if yes, name College: ___________________________


Give details of involvement: ____________________________________________________________________________

III. **Qualifying Information**

Are you currently enrolled in a Free/Reduced Lunch Program: Yes □ No □

Is your family currently receiving AFDC or General Assistance? ______ 

Y/N

Is your family currently a part of Wages (Work and Gain Economic Self-Sufficiency)? ______ 

Y/N

Total number of members in household: ______

Family/Household Total Annual Income: □ under $15,000 □$15,000-$17,999 □$18,000-$20,999 □$21,000–$24,999 

□ $25,000-$29,999 □$30,000–$34,999 □$35,000-$39,999 □Over $40,000

**LEVEL OF EDUCATION** List level of education completed for the following:

Mother/Guardian: ___ No High School Diploma ___ High School Diploma/GED ___ Associate of Arts Degree

Father/Guardian: ___ No High School Diploma ___ High School Diploma/GED ___ Associate of Arts Degree

IV. **Student Personal Statement**

Please explain why you want to participate in the College Reach-Out Program: ____________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
V. **Family Information**

Mother/Guardian: ________________________________  ________________________________  __________

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
</table>

Father/Guardian: ________________________________  ________________________________  __________

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
</table>

Street Address: ____________________________________________________________________________

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Mailing Address: ____________________________________________________________________________

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

(If different from street address)


In Case of Emergency: [Name] ___________________________________________________________ Telephone: (______) _____-_____

Parent/Guardian’s Signature: __________________________________________ Date: _______________________

Student Signature: __________________________________________ Date: _______________________

VI. **Parent/Guardian Permission to Release School Records**

As a parent or guardian of the applicant, I hereby give my permission for copies of the student’s transcripts and records to be released to Pasco-Hernando State College’s College Reach-Out Program. I have read this application and approve of the applicant’s participation in the program (i.e. after school tutoring, Super Saturday classes and fun days, field trips, and/or the CROP Summer Programs). I understand that my involvement in my child’s education is a major factor in his/her educational success. I further understand that the CROP Parent Association organization and/or meetings/workshops are important to my child’s success in the program, and I will do my best to participate at least three times per year as required.

Name of Parent/Guardian: _________________________________________________________________
(Please print or type)

Signature of Parent/Guardian: ____________________________________________________________

Signature of Participant: ________________________________________________________________

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Staff Only

Application Complete Student Qualifies for:
- [ ] CROP  - [ ] COE  - [ ] Both  - [ ] Neither

Application Incomplete
(areas highlighted in yellow)

Staff Signature:
College Reach-Out Program

Media Consent and Release

I, the undersigned parent or legal guardian of ________________________________
(Please print name of minor child)
do hereby authorize the College Reach-Out Program and Pasco-Hernando State College or their designees, including (without limitation) members of the media, to photograph and obtain biographical information concerning my child. This permission to photograph includes portraits, pictures, or videotapes, which may, in whole or part, be used in conjunction with the College Reach-Out Program. I hereby authorize the College Reach-Out Program to give a copy of my child’s photograph and biographical sketch to any Sponsor as the Program requires.

I hereby waive the right that my child or I may have to inspect and approve the photograph, pictures, videotape, biographical sketch, or the use for which they may be applied.

I hereby release, discharge, and agree to hold harmless the College Reach-Out Program and any Program Sponsor, representative, assign, or employee from any liability by virtue of any use whatsoever, of said photographs and biographical sketch. I understand that this release is valid for the length of time that my child remains in the College Reach-Out Program.

Dated this _____ day of ___________________________ in the year of _______

Name of minor child: __________________________________________________
(Please print name of minor child)

Signature: ____________________________________________________________
(Parent or Legal Guardian)

Address: _____________________________________________________________

City: ___________________ State: ____ Zip Code: ___________________
PARENT ASSOCIATION APPLICATION

Parent(s) Name:  

(Please print)

Home Address:  

Mailing Address:  

City: __________________________  State: _____  Zip Code: ____________________

Home Telephone: (____) _________________  Work Telephone: (____)___________

Cell Telephone: (___)________________

Email Address: ______________________________________________________

Please list each child, and the program that your child/children is/are enrolled and actively participating in. Indicate “C” for CROP; “A” for ACHIEVERS; and “B” for BELIEVERS.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>Middle Initial</td>
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</table>

Note: If you require more space to list names please list them on the back of this page.

Parental Expectations

❖ Parents are required to attend three parent meetings per year during their child/children’s enrollment in their respective programs.
❖ Parents are expected to assist in fundraising projects.
❖ Parents must insure that their child/children honor the tenants of the programs.
❖ Parents are encouraged to offer new ideas to enhance the objectives of the program.

Please sign, date, and return this form to us.

________________________________________     ______________________________
Parent(s) Signature     Date
Contract for Provision of Services

I have indicated with my signature below that I understand that the College Reach-Out Program is a program that stresses academic excellence. The goal of the program is to prepare students to complete high school and enter post-secondary institutions. I understand that my continuation in the program depends on my demonstrated behavior in the program.

I agree that to have a successful program, I must consider the effect of my behavior on others. Therefore, I understand, that I am agreeing to:

- Follow the directions given by staff members;
- Demonstrate an attitude of respect toward others at all times;
- Respect my fellow students by encouraging their success;
- Keep my hands, feet, and other objects to myself;
- Complete all work assigned to me;
- Ask for help without any reluctance when needed;
- Offer to help others when able to provide help;
- Work toward reaching my personal goals for achievement without compromising the goals of any other person.

It is my expectation that all staff members in the College Reach-Out Program will respect me. I will be expected to recognize when I have violated any of the principles outlined here and accept responsibility for my actions. I agree to apologize quickly and accept the apology of another that has violated my rights when he or she has worked to remedy the violation.

I understand that if I choose to violate any of the principles outlined here there will be consequences for my actions.

- The first time I choose to violate a rule, a staff member will give me a verbal warning.
- The second time I choose to violate a rule, I will call my parent and inform him/her that I have violated a rule that I have agreed to abide by and I will receive a written warning.
- The third time I choose to violate a rule I risk possible suspension from the program to be determined by the Program Coordinator and/or the Director of the Center of Excellence.

As a parent of a student enrolled in the College Reach-Out Program (CROP), I agree to take steps at home to correct my son/daughter’s behavior, and I will work with the staff members cooperatively to help him/her achieve success in the program.

Both parent and student understand that consequences for breaking this agreement may include missing a planned activity, being suspended from the program for a period of time specified by the director, or being asked to postpone participation until the student has gained more maturity.

I understand that the program is an annual program that includes career exploration and parent involvement. As a parent, I agree to participate in parent meetings at least three times per year and voice respectfully, any concerns I have to staff members. My expectation is that my concerns will play a part in the direction of the program, and staff members will treat me and my son/daughter with respect at all times. I further understand that it is my responsibility to update any records pertaining to my child with the CROP Office as they occur by calling (352)597-5027 for Pasco County residents and/or for Hernando County residents.

Student’s Signature: ___________________________ Date: ___________________________

Parent’s Signature: ___________________________ Date: ___________________________

Mailing Address: ______________________________________________________________

Contact Telephone #: (____) _____ - ______ [__Home; __Work; __Cell]

Emergency Telephone #: (____) ____ - ______

CROP Staff Member’s Signature: ___________________________ Date: ___________________________