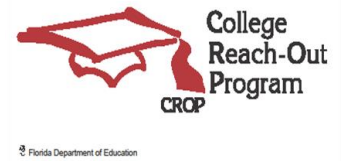




# College Reach-Out Program



## *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.

##### **Academic Guidelines**

- First time in college students
- Low FSA scores
- Low Florida Writes Scores
- Low grade point average (GPA)

##### **Economic Guidelines**

- Received reduced or free lunch
- Low-income
- Participates in WAGES
- Receive public assistance

### *What type of activities do CROP students participate in?*

#### **CROP Activities:**

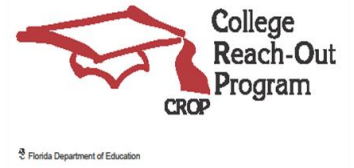
- Super Saturday
- Tutoring
- College Residential Visit
- Summer Academy
- Field Trips

***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.



## College Reach-Out Program



*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:**

Ronteryl M. Black  
Email: [blackr@phsc.edu](mailto:blackr@phsc.edu)  
Phone: 352-340-4809



# College Reach-Out Program

10230 Ridge Road,  
New Port Richey, FL 34654-5199  
Hernando County/ Pasco County: (352) 340-4809



Florida Department of Education

Date: \_\_\_\_\_

Initial Year: \_\_\_\_\_

## I. Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Social Security No.: \_\_\_-\_\_\_-\_\_\_ Student ID: \_\_\_\_\_

County of Residence: \_\_\_\_\_

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: \_\_\_\_\_

Are you involved in: Sports?  Clubs?  Community?  Church?

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: \_\_\_\_\_  
 Last Name First Name MI

Father/Guardian: \_\_\_\_\_  
 Last Name First Name MI

Street Address: \_\_\_\_\_

City State Zip Code

Mailing Address: \_\_\_\_\_  
 (If different from street address) City State Zip Code

Telephone: [Home] (\_\_\_\_) \_\_\_\_ - \_\_\_\_ [Work] (\_\_\_\_) \_\_\_\_ - \_\_\_\_ [Cell] (\_\_\_\_) \_\_\_\_ - \_\_\_\_

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: \_\_\_\_\_

<b>Staff Only</b>
Application Complete Student Qualifies for: <input type="checkbox"/> CROP <input type="checkbox"/> COE <input type="checkbox"/> Both <input type="checkbox"/> Neither
Application Incomplete (areas highlighted in yellow)
Staff Signature: _____