

Florida State University 2018-2019 CARE College Reach-Out Program Application



The College Reach-Out Program at Florida State University is designed to prepare 6th-12th grade students for a successful college education. CROP provides year-round support and enrichment to participants focusing on a) tutoring and academic skills, b) social and cultural activities, c) college and career awareness, and d) academic and personal advising.

Student Data					
Student Name:	t Name	First Name	Middle Initial	Birthdate: / / / Month / Day / Year	
Gender: ☐ Male	☐ Female	School Name: _		2018-2019 Grade:	
Social Security: FL Student Number (on report card):					
Race/Ethnicity: Black/African American White Hispanic/Latino Asian American Native American Mixed/Multiracial Other					
Mailing Address: Street Address (where you receive mail)					
Home Phone: (City,	Cell Phone	State :: ()	Zip Code Email:	
Student Services					
What academic support or instruction do you need to help you prepare for success in high school and college? □ Math □ Writing □ Reading □ Science □ Social Studies □ Foreign Language □ College Information □ Career Information □ Study Skills □ ACT/SAT/PSAT □ Dual Enrollment Are you currently or were you previously enrolled in any other College Reach-Out Program before 2017-2018? □ Yes □ No If yes, please list:					
Are you currently enrolled in any other projects or other programs designed to prepare you for college (i.e. <i>Take Stock in Children, Educational Talent Search, etc.</i>)? Yes No If yes, please list:					
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Student Response					
Please answer the following question in the space provided below:					
Why do you want to be a participant in the FSU College Reach-Out Program?					

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Parent/Guardian Data				
Mother's Name:	Father's Name:			
Email:	Email:			
Best Contact Number:	Best Contact Number:			
Highest Education Level: □ No High School Diploma □ High School Diploma/GED □ Associate's Degree □ Bachelor's Degree □ Master's Degree □ Doctorate/Professional Degree	Highest Education Level: □ No High School Diploma □ High School Diploma/GED □ Associate's Degree □ Bachelor's Degree □ Master's Degree □ Doctorate/Professional Degree			
Confidential Financial Information For purposes of documentation, please provide a copy of Make sure that it contains the names of your dependents				
Did you, or are you planning to file a federal income tax return for 2017? \Box Yes \Box No				
Family Annual Income (before taxes): \$ Total	# of family members in household (incl. student):			
Does your family receive assistance from any of the following If yes, check which one(s) and attach a copy of the attach attach at a copy of the attach atta	ward letter(s) for income eligibility verification.			
Parent/Guardian Agreement				
I hereby certify that all information provided in this application to the CARE College Reach-Out Program is complete, correct, and true to the best of my knowledge. I understand that the information provided will be used to determine eligibility, is subject to external verification by the Florida Department of Education, and may be released to that entity only for such purposes.				
I hereby authorize the school that my child attends to release the follow Transcripts, c) Test Scores, d) Progress Reports, and e) Behavioral Ref visits with my child to monitor their academic progress, and to meet with	erral Reports. I also consent for CARE representatives to conduct school			
I agree to fully support and encourage my child in his/her efforts to complete high school, attend college, and obtain a college degree. I will also attend meetings and other events as requested by the program, and encourage my child to remain active in the program. I also grant permission for FSU CARE to photograph and/or record my child, and hereby release FSU CARE and its partners from any liability by virtue of use of said media.				
I hereby consent, declare and represent, as evidenced by my signature to health, or hospitalization insurance to cover my minor child in the even and hold harmless Florida State University, the Florida State University the Center for Academic Retention and Enhancement, CROP, my studed partners, and any and all agents, representatives, and personnel of any responsibilities for all accidents, injuries, illnesses, damages, or proper acknowledge that it has been strongly recommended to me that I obtain prior to participation in CROP. I attest that all information is complete	t of accident, injury, illness, or death, and hereby specifically release y Board of Trustees, the State University System Board of Governors, nts' school/school district, FSU CARE representatives, FSU/CARE of the aforementioned entities and groups from all risks, liabilities, and ty losses arising during CROP activities or therefrom. Furthermore, I health, medical, and/or hospitalization insurance for my minor child			
Parent Signature:	Date:			