



Florida State University

2020-2021 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: _____ Birthdate: _____
Last Name First Name Middle Initial Month / Day / Year

Gender: Male Female School Name: _____ 2020-2021 Grade: _____

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)

City, State Zip Code

Home Phone: (____) _____ Cell Phone: (____) _____ 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 2020-2021?

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. *Take Stock in Children, Educational Talent Search, etc.*)? Yes No

If yes, please list: _____

Student Response

Please answer the following question in the space provided below:

Why do you want to be a participant in the FSU CARE College Reach-Out Program?



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Parent/Guardian Data

Mother's Name: _____

Email: _____

Best Contact Number: _____

Do you live with this parent? Yes No

Highest Education Level:

- No High School Diploma High School Diploma/GED
- Associate's Degree Bachelor's Degree Master's Degree
- Doctorate/Professional Degree

Father's Name: _____

Email: _____

Best Contact Number: _____

Do you live with this parent? Yes No

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

Required

Family Annual Income (*before taxes*): \$ _____ Total # of family members in household (incl. student): _____

Single Parent Household: Yes or No

Does your family receive assistance from any of the following sources? Yes No

_____ Temporary Aid to Needy Families (TANF)

_____ Social Security

_____ Food Stamps

_____ Retirement Benefits

_____ Veterans Benefits

_____ Other: _____

_____ Free/Reduced lunch

Attach proof for 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 following information to FSU CARE staff: a) Report Cards, b) Official Transcripts, c) Test Scores, d) Progress Reports, and e) Behavioral Referral Reports. I also consent for CARE representatives to conduct school visits with my child to monitor their academic progress, and to meet with my child during their non-academic period.

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 below, that I am on notice that Florida State University has no medical, health, or hospitalization insurance to cover my minor child in the event of accident, injury, illness, or death, and hereby specifically release and hold harmless Florida State University, the Florida State University Board of Trustees, the State University System Board of Governors, the Center for Academic Retention and Enhancement, CROP, my students' school/school district, FSU CARE representatives, FSU/CARE partners, and any and all agents, representatives, and personnel of any of the aforementioned entities and groups from all risks, liabilities, and responsibilities for all accidents, injuries, illnesses, damages, or property losses arising during CROP activities or therefrom. Furthermore, I acknowledge that it has been strongly recommended to me that I obtain health, medical, and/or hospitalization insurance for my minor child prior to participation in CROP. I attest that all information is complete and accurate.

Parent Signature: _____

Date: _____