



Florida State University 2014-2015 College Reach-Out Program Application

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Center for Academic Retention & Enhancement (CARE), 109 Collegiate Loop, Tallahassee, FL 32306-2139

PLEASE PRINT IN INK OR TYPE

INCOMPLETE AND/OR UNREADABLE APPLICATIONS WILL NOT BE ACCEPTED.

Student Data

Student Name: _____ Birthdate: _____
Last First Middle mm/dd/yyyy

Social Security Number: _____ Gender: ☐ Male ☐ Female

Race/Ethnicity: ☐ Black/African American ☐ White ☐ Hispanic ☐ Asian American
☐ Native American ☐ Mixed/Multiracial ☐ Other

Mailing Address: _____
Street Address/PO Box (Where you receive mail) City Zip Code

Home Phone: _____ Cell Phone: _____ Email: _____

School: _____ Grade: _____ County: ☐ Gadsden ☐ Leon ☐ Wakulla

☐ Attach Current Report Card & FCAT Scores

OFFICE USE ONLY: County #: _____ School #: _____ Census #: _____

Parent/Guardian Data *(If two parents/guardians live with student, complete information for both)*

Please Check: ☐ Mother ☐ Father ☐ Other (Relationship): _____

Parent Name: _____ Email: _____
Last First Middle

Phone Number

(please check by best contact number):

☐ Home #: _____ ☐ Cell #: _____ ☐ Work #: _____

Parent Education Level: ☐ Unavailable ☐ High School Diploma/GED ☐ No High School Diploma

Degree: ☐ Associates ☐ Baccalaureate ☐ Masters ☐ Doctorate/Professional

Please Check: ☐ Mother ☐ Father ☐ Other (Relationship): _____

Parent Name: _____ Email: _____
Last First Middle

Phone Number

(Please check by best contact number):

☐ Home #: _____ ☐ Cell #: _____ ☐ Work #: _____

Parent Education Level: ☐ Unavailable ☐ High School Diploma/GED ☐ No High School Diploma

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(continued)

CROP Participation Data

(Students may only enroll in one institution's CROP for the year.)

Has the student been enrolled in CROP before? ☐ Yes ☐ No

At which Institution?

If "Yes": Year (ex: 2013-2014) _____

☐ TCC ☐ FAMU ☐ FSU

Does the student have a disability? ☐ Yes ☐ No Please List: _____

Financial Data

Family Gross Income: \$ _____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Annually

Total # of family members living in same household as student (including student): _____

Does family receive any of the following?

☐

Temporary Aid to Needy Families (TANF)

☐

Free/Reduced Lunch

☐

Public Assistance

(If yes, attach a copy of the award letter(s) verifying income)

☐

Social Security Retirement Benefits

☐

Food Stamps

☐

Veterans Benefits

For purposes of documentation, please provide a copy of your most recent Federal Income Tax Return and/or W-2's for all parents/guardians listed on the application.

If one of these documents is not available, you must provide proof of public assistance, free/reduced lunch, or another source of income before this application can be processed.

Student Records Release

I hereby authorize the school that my child attends to release the following information to the FSU CARE Center, CROP program and staff:

Student Name: _____ Student ID Number: _____

☐ Official Transcript ☐ Behavioral Referral Reports ☐ Test Scores ☐ Report Cards ☐ Progress Reports

☐ Other (Specify): _____

Parent/Guardian Agreement

If my child is selected as a participant of the FSU College Reach-Out Program (CROP), I give permission for school personnel to release academic/personal records to CROP representatives. I consent for CROP representatives to conduct school visits with my child to monitor my child's academic progress, and to meet with my child during his or her non-academic period. I also grant permission for FSU CROP to photograph or record my child, and release CROP 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/Guardian Name: _____

Parent/Guardian Signature: _____

Student Signature: _____

Date: _____