



Tallahassee Community College 2016-2017 CROP Application

Phone: (850) 201-8314 Fax: (850) 201-8317 www.tcc.fl.edu/TSIC
444 Appleyard Drive, TPP 146; Tallahassee, FL 32304



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Dear Applicant and Parent(s):

Thank you for your interest in the College Reach-Out Program (CROP) at Tallahassee Community College. This program is designed to motivate and assist students in grades 6-12 to succeed academically, and prepare them to enroll and complete a college education. TCC CROP equips students for academic success by providing one or more of the following activities:

- In-School Mentoring
- Saturday College Preparation Academies
- College and Career Development Workshops
- College Tours
- On-Campus Summer Camp Experience
- Tutoring
- Test Preparation
- Team-Building Exercises
- Parent Workshops

If you are interested in having your child participate in this excellent educational opportunity, please complete the enclosed application form, and return it to our office as soon as possible. If your student attends a Leon County school, please also complete and sign the Annual Release Form. Information submitted to the Program is confidential. For the application to be complete, you must submit proof of financial eligibility along with the student's most recent report card or transcript and test scores.

Completed applications can be submitted by mail or fax to the CROP Office.

Tallahassee Community College
CROP
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tsic@tcc.fl.edu

Deadline: October 2, 2016

For more information on the program, please visit our website or call our office. We look forward to another successful year!

TCC CROP Staff



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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 #:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Race/Ethnicity: <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian American <input type="checkbox"/> Native American <input type="checkbox"/> Mixed/Multiracial <input type="checkbox"/> Other					
Mailing Address:					
Street Address/PO Box (Where you receive mail)			City	Zip Code	
Home Phone:		Cell Phone:		Email:	
School (2016-2017):			Grade:	County: <input type="checkbox"/> Gadsden <input type="checkbox"/> Leon <input type="checkbox"/> Wakulla	
<input type="checkbox"/> Attach current report card & FCAT/EOC Scores			OFFICE USE ONLY:	County#	School #:
			Census#		

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

Please Check:		<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other Relationship):	
Parent #1 Name:					Email:
		Last	First	Middle	
Phone Number: (Please check best contact #)					
			<input type="checkbox"/> Home #	<input type="checkbox"/> Cell#	<input type="checkbox"/> Work#
Parent Education Level:		<input type="checkbox"/> Unavailable	<input type="checkbox"/> High School Diploma/GED		<input type="checkbox"/> No High School Diploma
Degree:		<input type="checkbox"/> Associates	<input type="checkbox"/> Masters	<input type="checkbox"/> Doctorate/Professional	
Please Check:		<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other Relationship):	
Parent #2 Name:					Email:
		Last	First	Middle	
Phone Number: (Please check best contact #)					
			<input type="checkbox"/> Home #	<input type="checkbox"/> Cell#	<input type="checkbox"/> Work#
Parent Education Level:		<input type="checkbox"/> Unavailable	<input type="checkbox"/> High School Diploma/GED		<input type="checkbox"/> No High School Diploma
Degree:		<input type="checkbox"/> Associates	<input type="checkbox"/> Baccalaureate	<input type="checkbox"/> Masters	<input type="checkbox"/> Doctorate/Professional



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STUDENT PARTICIPATION DATA

(Students may only enroll in one institution's CROP program 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 Income: \$ _____ Weekly Bi-Weekly Monthly Annually

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

Does your 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 verifying income) Social Security Retirement Benefits Food Stamps Veterans Benefits

***To document income eligibility, please provide a copy of your most recent Federal Income Tax Return for each parent/guardian 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 RECORD RELEASE

I hereby authorize my child's school to release the following information to the TCC CROP Staff:

Student Name: _____ School ID Number: _____

Official Transcript Food Behavioral Referral Reports Report Cards Progress Reports

Other (Specify): _____

PARENT/GUARDIAN AGREEMENT

If my child is selected as a participant of the 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 their academic progress, and to meet with my child during their non-academic classes. I also grant permission for 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 release Tallahassee Community College, College Reach-Out Program, my students' school/ school district, CROP representatives, and TCC partners from all liability during CROP activities. I attest that all information is complete and accurate.

Parent/Guardian Name: _____ Parent/Guardian Signature _____

Student Signature: _____ Date: _____