



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 Polk State College serves students in Polk County and is completely free! Simply complete an application and meet the qualifications listed below.

What are the qualifications for CROP?

Qualifications for Enrollment

The program targets First Generation 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 Generation students

Low FSA scores

Low Florida Writes Scores

Low grade point average (GPA)

Economic Guidelines

Receive reduced or free lunch

Low-income

Participates in WAGES

Receive public assistance

What type of activities do CROP students participate in?

CROP Activities:

Super Saturdays

Weekly Academic Enrichment

College Residential Visit

Summer Academy

Field Trips - TBA

How do I contact someone about the program?

College Reach-Out Program

Polk State College

c/o Von McGriff

3425 Winter Lake Road

Lakeland, FL 33803

Email: vmcgriff@polk.edu or

crop@polk.edu

Phone: 863-669-2885



College Reach-Out Program

3425 Winter Lake Road,
Lakeland, FL 33803



Date: _____

Initial Year: _____

I. Student Information

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ Student ID: _____

County of Residence: _____

Ethnicity: African American White Hispanic Asian Other

Gender: Male Female

Email Address: _____

II. School Information

Name of School: _____ Current Grade: _____ GPA: _____

Graduation Year: _____ Special Honors: _____

Plans to Attend College: Yes No if yes, name of 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

Parent Email Address: _____

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 Polk 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: _____

Staff Only	
Application Complete Student Qualifies for: <input type="checkbox"/> CROP	
Application Incomplete (areas highlighted in yellow)	
Staff Signature: _____	Date: _____