

Check subjects you might need tutoring in: Math English Science History

Other: _____

Were you a participant in the College Reach-Out Program at UWF, PJC or OWCC? Yes No

If yes, what year did you begin participating? _____

Please list any school organizations, groups, clubs and/or sports that you participated in.

What areas of CROP are you most interested in?
(Check all boxes that apply)

After-School Tutoring
 Educational Activities
 Summer Residency
 Reading Program
 Mentoring Activities
 Other

Workshops
 Educational Trips
 Community Service
 ACT Preparation
 Cultural Activities

AUTHORIZATION:

I hereby certify the information on this application is true to the best of my knowledge. I give authorization for my child to participate in the above program. I assume full responsibility for his or her conduct in College Reach-Out Program. I understand that my child is required to participate in College Reach-Out Program activities, field trips, workshops, or programs offered by the College Reach-Out Program.

PARENT or GUARDIAN SIGNATURE DATE

STUDENT SIGNATURE DATE

OFFICE USE ONLY

<input type="checkbox"/> Low Math	<input type="checkbox"/> Low Reading	<input type="checkbox"/> Retained
<input type="checkbox"/> Drop Out Prevention	<input type="checkbox"/> Absent >25	<input type="checkbox"/> Expulsion /Suspension
<input type="checkbox"/> GPA>2.5	<input type="checkbox"/> Low FCAT Reading	<input type="checkbox"/> Low FCAT Math
<input type="checkbox"/> Florida Writing		