

The **College Reach-Out Program (CROP)** was created in 1983 (FS 1007.34) to increase the number of low-income educationally disadvantage students in grades 6 –12, and are eligible for free or reduced lunch, who upon high school graduation seek postsecondary education. CROP is administered through the Florida Department of Education. CROP students receive college counseling, as well as information about admissions requirements, scholarships, and various student financial aid programs. Certified high school and middle school teachers provide instruction to CROP students in CORE Areas (Math, Science, Language Arts, and History).

The Hillsborough College (HC) - Brandon Campus, College Reach-Out Program has two major components: the Summer Academic Enrichment Program and the Saturday Academic Enrichment Program.

### **Who should apply?**

- Students attending a school in Hillsborough County.
- Students that are in grades 6-12.
- Students that meet the economic and academic eligibility criteria as defined by the Florida Department of Education.

### **The Saturday Academic Enrichment Program**

The Saturday Program is hosted during the Fall and Spring Semesters. Saturday sessions will be held from 9:00AM to 12:30PM. Teachers and Tutoring will be provided to students who bring work from the academic areas they are experiencing the most challenges.

We also offer virtual **Weekday Tutorials**. Middle school and high school students can also receive tutoring in Mathematics on Mondays and Wednesdays virtually from 6:00PM to 8:00PM.

### **The Summer Academic Enrichment Program**

The Summer Program is hosted from Monday through Thursdays from 9am to 2pm. These sessions consist of academic preparedness for the following grade level of all our students, academic assistance in areas the students need support in, and an Enrichment session that may range in multiple areas within the Arts.

### **Community Service Hours (75 for High School students)**

High School students with a minimum GPA of 2.5 will have the opportunity to earn Community Service Hours through the CROP program. Community Service Hours need to be approved by the school's counselor.

*“Sharing is Caring”* ... Our goal is to enhance students' basic learning skills and performance as well as strengthen students and parents understanding of the benefits of post-secondary education. If any comments, questions or concerns please do not hesitate to contact **Brenda Johnson (CROP Grant Coordinator) at 813.253.7950.**



Hello Parent,

Welcome to the CROP Academic Enrichment Program. We are excited to have your child(ren) with us. We are so thrilled about all the activities, field trips, and learning that will be going on this semester. We are implementing some new procedures to ensure that all students have an enjoyable, safe, and productive semester here at CROP. We have a **CROP Remind**, so that we can stay in constant contact with you. Below you will find the link to the Remind. Download the app or receive text messages directly to your phone.

<https://www.remind.com/join/bgf96h>

If you do not have the app follow the steps below

1. Text to this number 81010
2. Enter the message @bgf96h

If you already have the app follow the steps below

1. Open the Remind app
2. Go to join a class
3. The code is @bgf96h

Thank you for supporting us as we try to support you.

#### Contact Information

Brenda Johnson  
Grant Coordinator  
(813) 253-7950  
[bjohnson2@hccfl.edu](mailto:bjohnson2@hccfl.edu)

## **APPLICATION CHECKLIST**

- Completed Application**
- Signed Application by both parties** (Parent/Guardian & Student)
- Student's Profile Picture**
- Proof of Citizenship, Includes Birth Certificate**
- Copy of the most recent Report Card**
- CROP Essay** – Middle School (100 words) / High School (200 words)
  - Stating academic and career goals
- Proof of Service** (approved letter for free/reduced lunch, Public Assistance, etc.)
- Signed CROP Obligations by both parties** (Parent/Guardian & Student)
- Signed Photography/Video Consent Form by both parties** (Parent/Guardian & Student)
- Completed Medical Consent Form**

### Demographic Information

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street (P.O. Box) City State ZIP Code

Student's School ID #: 

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 Student's FLEID #: 

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Gender:  Male  Female Ethnicity:  White, Non-Hispanic origin  Black, Non-Hispanic origin  Asian or Pacific Islander  Hispanic  American Indian or Alaskan Native  Other

Disability:  NO  YES If YES, explain: \_\_\_\_\_

### School Information

School: \_\_\_\_\_ Grade: \_\_\_\_\_ GPA: \_\_\_\_\_

Do you plan to go to college?  Yes  No

Has the student ever been retained (not promoted to the next grade)?  Yes  No

Has the student been suspended or expelled from a school?  Yes  No

Has the student participated in a Dropout Prevention program?  Yes  No

If yes, please indicate which program: \_\_\_\_\_

### Family/Household Information

Did the applicant receive free or reduced lunch last school year?  Yes  No

Did the applicant's family receive any public assistance last year (housing, Medicaid, food stamps, TANF, etc.)?  Yes  No

If yes, please indicate which type: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street (P.O. Box) City State ZIP Code

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Lives with student  Guardian's E-mail: \_\_\_\_\_

### First Time in College (FTIC) Information

Mother's highest level of education completed:  No H.S. Diploma  H.S. Diploma or GED  A.A. or A.S.  Bachelor's  Master's  
 Doc. / Prof.  Other: \_\_\_\_\_

Father's highest level of education completed:  No H.S. Diploma  H.S. Diploma or GED  A.A. or A.S.  Bachelor's  Master's  
 Doc. / Prof.  Other: \_\_\_\_\_

### CROP Office Use Only Testing Achievement Level

FSA Math: \_\_\_\_\_ Year Taken: \_\_\_\_\_ Grade Taken: \_\_\_\_\_

ELA: \_\_\_\_\_ Year Taken: \_\_\_\_\_ Grade Taken: \_\_\_\_\_

EOC Algebra I: \_\_\_\_\_ Year Taken: \_\_\_\_\_ Grade Taken: \_\_\_\_\_

**I attest that all the information provided on this form is true. I will support CROP and participate in CROP activities.**

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Board of Trustees of Hillsborough College affirms its equal opportunity policy in accordance with the provisions of the Florida Educational Equity Act and all other relevant state and federal laws, rules and regulations. The college will not discriminate on the basis of race, color, ethnicity, religion, sex, age, national origin, marital status, sexual orientation, gender identity, genetic information, or against any qualified individual with disabilities in its employment practices or in the admission and treatment of students. Recognizing that sexual harassment constitutes discrimination on the basis of sex and violates this Rule, the college will not tolerate such conduct. Should you experience such behavior, please contact Brenda Johnson, Grant Coordinator; by mail at 10451 Nancy Watkins Dr, Tampa, FL 33619; or by email at bjohnson2@hccfl.edu

## **I. EXPECTATIONS OF STUDENTS**

- a. The purpose of CROP is to assist students in preparing for college/university upon high school graduation. Students must do their part to ensure that we are meeting this mission.
  - i. Students are expected to participate and attend all activities on time
  - ii. To be prepared to work with their required materials
  - iii. Students are expected to work to his/her fullest potential and participate in class
  - iv. Be courteous and respectful
  - v. Complete all work given
  - vi. Follow instructions

## **II. ATTENDANCE**

- a. Attendance is critical to your success in the program. Attendance is also a requirement for all trips, activities, and retention in the program. ALL absences must be notified and excused by a PARENT. There are excused absences. The reason, proof of, quantity, and manner communicated will be taken into consideration.

## **III. STUDENT CODE OF CONDUCT**

- a. CROP students who are found to have engaged in the following acts of misconduct will be subject to disciplinary actions. Depending on the offense, the disciplinary actions will vary.
  - i. Abusive or obscene language & exhibiting disorderly, lewd, or indecent conduct at all CROP activities/events.
  - ii. Causing disruption or obstruction during tutorial sessions/classes and all CROP activities/presentations.
  - iii. Possessing firearms, knives, or other weapons.
  - iv. Students are prohibited (not allowed) to be in places on the Brandon campus without CROP staff.
  - v. No student should leave any CROP event, on or off HC campus, without informing CROP staff (even if directed by a parent/family member to do so).
  - vi. If a student is sick, they must inform a staff/teacher of their illness for the appropriate arrangements to be made.
  - vii. Cell phones are not to be used in class during instruction without the teacher's permission.

#### IV. DRESS CODE

- a. CROP Students are expected to follow Dress Code to promote a positive, respectful, healthy, and safe atmosphere. Failure to come in proper dress code will result in disciplinary procedures to take place.
- b. *Males:*
  - i. No muscle shirts (unless required for specific activities).
  - ii. Pants must be secured at the waist (belt is highly recommended to avoid incident).
  - iii. No wave caps, bonnets or night caps on heads in public places and at any CROP event, unless traveling late at night and only while in transported vehicle.
  - iv. No hats inside buildings, unless necessary for a specific indoor event.
  - v. No sleeping/pajama attire.
- c. *Females:*
  - i. No short shorts, short skirts, or mini dresses (students' body should be covered up in a respectable manner).
  - ii. Blouses must cover stomach and belly button completely (regardless of the in-style fashion). No halters, crop tops or tube tops (use of cover-up clothing required, i.e. jacket/sweater).
  - iii. No house slippers worn to any CROP event/s (never acceptable).
  - iv. No scarves, bonnets or combs worn in public places and at any CROP event, unless traveling late at night and only while in transported vehicle.
  - v. No sleeping/pajama attire.
  - vi. No hats inside buildings, unless necessary for a specific indoor event.

#### V. MATERIALS

- a. Remember the purpose of CROP is to enrich, improve students' academic outcomes for the purpose of gaining entry into a post-secondary institution. It is not a social club; therefore, the most important aspect of the program will always be the academic courses offered to students. Students are expected to ALWAYS come prepared and ready to learn. All materials required for every class should accompany the student with no exception. **NOTEBOOKS, PENS/PENCILS, STUDY MATERIALS, READING ASSIGNMENTS**, and all other necessary equipment for learning to take place, including a **POSITIVE AND WILLING ATTITUDE**, is expected to be with every student participating in the program at all times. Failure to come with the proper materials will result in discipline procedures to take place.

## VI. DISCIPLINE PROCEDURES

- a. CROP students are expected to show respect for their fellow students, teachers, staff members, and college personnel. Disrespectful conduct will NOT be tolerated under any circumstances and is reason for dismissal from the program. Profanity will not be tolerated. (**NOTE: depending on the degree of disrespect – a student may be dismissed on his/her 1st offense**).
- b. **First Offense** of disrespect/inappropriate behavior from any student to staff/teachers, peers, or any HC personnel, will result in a verbal warning.
- c. **Second Offense** will lead to a written warning, and parent will be notified.
- d. **Third Offense** will result in suspension with parent pick up, loss of trip and dismissal from the program.

## VII. FIELD TRIPS

- a. Field trips are off campus learning experiences that are supervised by CROP staff. Informed consent and proper medical forms must be SIGNED AND TURNED IN prior to departure. Students without signed consent will not be allowed to attend. Field trips are a privilege extended to students with good academic, behavior, and attendance standing in the program.
- b. Eligibility and Qualifications for ANY and ALL Field Trips
  - i. Attend a minimum of 75% of Summer and Saturday tutorials
  - ii. Turn in all paperwork prior to departure (by designated due date)
  - iii. Behave appropriately with no major conduct or materials violations.

## **CROP Obligations Acknowledgment Form**

Please, fill out the following statements, and hand out this page to Ms. Johnson.

I \_\_\_\_\_ acknowledge that I have read and do hereby accept the terms and conditions  
*Parent's Name*  
contained in this CROP Obligations document.

I \_\_\_\_\_ acknowledge that I have read and do hereby accept the terms and conditions  
*Student's Name*  
contained in this CROP Obligations document.

**STUDENT'S Signature:** \_\_\_\_\_

**PARENT'S Signature:** \_\_\_\_\_

**DATE DOCUMENT SIGNED BY BOTH PARTIES:** \_\_\_\_\_

**PHOTOGRAPHY/VIDEO CONSENT,  
RELEASE AND COVENANT NOT TO SUE FORM**  
*College Reach-Out Program – Hillsborough College*



For good and valuable consideration, the receipt and sufficient of which is hereby acknowledge, I, on behalf of my heirs and myself, hereby agree that the College Reach-Out Program and its agents shall have the right:

- a. To record my dependent’s participation, appearance, image, likeness, silhouette, and voice video, audio, film, photographic, digital, electronic or any other medium existing or hereafter invented, and at its option to use of my dependent’s name in connection with such recordings or by descriptive text or commentary; and
- b. To use, reproduce, edit, crop, retouch, exhibit, distribute or publish these recordings in whole, or in part in perpetuity in any and all media throughout the universe, including but not limited to print, electronic, video, CD-ROM, advertisements, Internet, or any other medium existing or hereafter invented.

I hereby unconditionally and irrevocably consent to the Program’s authority use of such recording for any legal purpose the Program deems appropriate, including commercial and advertising purposes. I understand that by agreeing and consenting, I have forever waived (i) any right to require payment from the Program for use of these materials by it or those acting pursuant to its authority, and (ii) the right to object to the use of such materials for any purpose permitted by this Consent and Release form. Including, the Program’s publishing, printing, displaying, exhibiting, distributing or any other public distribution services using any other such materials for any legal purposes. Furthermore, I understand and agree that any intellectual property of the Program as well as any other rights, title and interest in all results and proceeds associated with such use. However, the Program is not obligated to make any use of or exercise any of the rights granted herein.

I have read and understood the terms of this photography/video consent, Release and Covenant not to sue form. Parent/Guardian and Student/Dependent must sign below.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Student/Dependent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please provide the requested information below for your child which will be used in case of a medical emergency.

Student's Name: \_\_\_\_\_  
*Last Name First Name Middle Initial*

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_  
*Last Name First Name Middle Initial*

Home Address: \_\_\_\_\_  
*Street Name & Number City State Zip Code*

Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
*Last Name First Name*

Emergency Contact's Phone Number: \_\_\_\_\_

**HEALTH RECORDS**

List physical limitations: \_\_\_\_\_

List all allergies: \_\_\_\_\_

List all medication(s) currently taken with the amount required: \_\_\_\_\_

**PERSONAL CONTRACT INFORMATION**

In the event that I, \_\_\_\_\_, cannot be contacted during a medical emergency involving my child, \_\_\_\_\_, I hereby authorize the College Reach-Out Program to take the appropriate action in securing professional medical attention, of which I, the Parent/Guardian named above, will assume all financial responsibility. I expressly warrant that this child named above is capable of withstanding both the physical and mental demands of the activities held by the program. I hereby consent on behalf of the child and shall be binding upon me and my estate.

I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of **College Reach-Out Program** to seek and secure any needed medical attention or treatment for the child named above including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any medical treatment needed, including surgery and, again, I agree to pay for the medical treatment.

I further agree to indemnify and hold harmless the **Hillsborough College - College Reach-Out Program** and its directors, employees, volunteers, staff or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.