



# APPLICATION

All Information must be completed.



## Demographic Information

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

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

Student' School ID #: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

## School Information

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

Do you plan to go to college?  Yes  No  
Student is an orphan or ward of the court with no taxable income:  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  
Was the student absent for more than 25 school days last year?  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 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: \_\_\_\_\_

I also acknowledge by my signature I understand the College is collecting my social security number for the purpose of complying with federal and state statutes related to employment, financial and academic assistance, and inter-institutional articulation or transfer, and that the College may disseminate that information in some communications with outside organizations, while taking precaution to safeguard use of the number. I also understand that should I choose not to have my social security number transmitted to the Internal Revenue Service (IRS) in response to Hope/Lifetime Learning Tax Credit reporting, I face the possibility of a fine of \$50.

The Board of Trustees of Hillsborough Community 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 Warren T. Smith, Pre-Collegiate Liaison Officer; by mail at 10414 E. Columbus Drive, Tampa, FL 33619; or by email at wtsmith3@hccfl.edu