Partners in Progress 1 (PIP) Program

Program Dates:
July 2nd to July 27th, 2018
Monday – Friday (8:30am to 3:00pm)

Purpose:
The Partners in Progress 1 (PIP) Program is hosted by the Pre-College Programs department at Florida International University’s (FIU) Modesto Maidique Campus. The program aims to increase participants SAT Scores through intensive practice and weekly practice testing. Transportation and lunch is provided for students.

Eligibility:
Current 9th and 10th graders are encouraged to apply for this fantastic opportunity. Students should have a 2.5 weighted GPA and have earned a C or higher in Pre-Algebra or Algebra I.

Did You Know?
- To be accepted to any State Institution you must have a minimum SAT/ACT score.
- Most Universities see SAT scores as an indicator of college success and use it to make admission decisions.
- Higher scores on the SAT are achieved through consistent practice.
- Taking the SAT earlier gives you an advantage over students who wait until the 12th grade.

To inquire for more information please contact FIU Pre-College Programs staff at (305) 348-3634.
Partners in Progress 1 (PIP1)
Dates: July 2nd – July 27th, 2018

PLEASE COMPLETE ALL SECTIONS ON FRONT AND BACK.
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.
APPLICATION DEADLINE IS APRIL 27, 2018.

PERSONAL INFORMATION: (Please type or print clearly.)

Name_________________________________________________________ Gender ☐ Male ☐ Female

Last First

Street Address_______________________________________________________________________________________________

City_________________________________________ State ____________ Zip ____________ Phone # ____________

Date of Birth_______ /_______/_______ Email _______________________________

School you currently attend__________________________________________________Grade______Graduation Year__________

MDCPS Student ID#___________________ T-Shirt Size: ______________

Are you a United States Citizen? ☐ Yes ☐ No (If yes, please attach a copy of your birth certificate)

ETHNIC BACKGROUND:
☐ African American/Black ☐ Hispanic/Latino ☐ Asian ☐ White
☐ Native American ☐ Native Hawaiian or Pacific Islander ☐ Other ____________________________

EDUCATIONAL BACKGROUND:

Are you currently enrolled in the College Reach Out Program (CROP) or National Achievers Society (NAS)? ☐ Yes ☐ No

If yes, which CROP are you a member of? ☐ FIU ☐ MDC ☐ Other __________

If not a current member of CROP, you must complete a CROP application in order to be eligible for the SWITCH-ON Program.

Highest Math level completed (Algebra, Geometry, Calculus)_________________________Grade Received____________________

Have you taken SAT before? ☐ Yes ☐ No Previous SAT Date _____________ Math _____ Writing_____ Critical Reading_____

PARENTS’ INFORMATION:

Father’s Name____________________________________ Work Phone #____________________

Mother’s Name____________________________________ Work Phone #____________________

EMERGENCY CONTACT PERSON:

Name_________________________________________ Phone # __________________________

PARENTAL APPROVAL:

As the participant’s parent or guardian, I hereby give permission for copies of the participant’s transcripts and records to be released to FIU. I have read this application and approve of the applicant’s participation in the program. I assume full responsibility for the conduct of the applicant and I understand that my involvement is crucial to my child’s success in the program.

Signature of Parent or Guardian___________________________________________ Date____________________

Signature of Applicant____________________________________________________ Date____________________
CONSENT FORM FOR MUTUAL EXCHANGE OF INFORMATION

Date ____________________________

Student’s Name ____________________________________________

Date of Birth ____________________________ ID# ____________________

I hereby authorize the mutual exchange of records pertaining to my child or myself, ____________________________, between the MIAMI-DADE COUNTY PUBLIC SCHOOLS and the following agencies (include all schools, physicians, psychologists, hospitals, clinics, etc., that have had significant contact with your child):

Name ____________________________ Address ____________________________

Florida International University CROP Program 11200 SW 8th Street, Miami, FL 33199

• The specific records to be disclosed pertain to: REPORT CARDS, TRANSCRIPTS, FCAT SCORES, IEP'S, EPS, ATTENDANCE RECORDS, AND ANY OTHER RELEVANT ACADEMIC INFORMATION

• The purpose for making these records available is: TO ASSIST THIS STUDENT IN THEIR ACADEMIC AND PERSONAL IMPROVEMENT THROUGH THE COLLEGE REACH OUT PROGRAM

• The receiving party will not disclose the information to any other party without signed consent.

I certify that I am the parent or legal guardian of the child named above or that I am a student of majority age and have the authority to sign this release.

Name (print) ____________________________ Signature ____________________________

Address ____________________________ City, State ____________________________ Zip Code ____________________________

Please return this form to: College Reach Out Program at FIU
11200 SW 8th Street, GC 341
Miami, FL 33199

FM-2128E Rev. (11-03)
Application Checklist:

☐ Copy of unofficial transcript

☐ Most recent report card

☐ Previous SAT/ACT scores (If taken previously)

☐ A NON-REFUNDABLE $45.00 money order made payable to FIU

☐ Completed CROP application (New Students only)
ATTENTION:

If your child is already in the College Reach-Out Program or National Achievers Society program, please do not complete the following pages of the application.

If your child is new to the program, please proceed to complete the following pages.
STUDENT INFORMATION:
Last Name: ____________________________   First:______________________________     MI:_______
Address:_____________________________    City:_________________    State:______   Zip:_________
Telephone Number: (_____)_______________   Email Address: __________________________________
Date of Birth: _______/_______/____________
Sex:   ☐ Male ☐ Female                        Citizenship: ________________________________
If you are a permanent resident, provide a copy of your Resident Alien Card. #: ______________________
RACE:                                             ☐ African American  ☐ Native American
☐ Caucasian     ☐ Pacific Islander
☐ Asian  ☐ Other __________________________
☐ Hispanic

SCHOOL INFORMATION:
School: _____________________________________   Current Grade: ___________  GPA:__________
School ID Number: ________________        School Counselor’s Name:____________________________
Are you enrolled in the free or reduced lunch program at your school? ☐ Yes  ☐ No
Do you plan to attend college?  ☐ Yes  ☐ No     If yes, what major? ______________________

MOTHER/FEMALE GUARDIAN INFORMATION:
Last Name:__________________________   First:_____________________________    MI:___________
Address: ______________________________City: ______________ State: ________     Zip:__________
Home/Cell #: (___)_____________ Work #::(___)_________________ Email: ______________________
Level of Education:    ☐ No High School Diploma ☐ Bachelor’s Degree
☐ High School Diploma or GED  ☐ Master’s Degree
☐ Associate of Arts Degree  ☐ Doctoral Degree
FATHER/MALE GUARDIAN INFORMATION:

Last Name: ___________________________ First: ___________________________ MI: __________

Address: ___________________________ City: __________ State: __________ Zip: __________

Home/Cell #: (___) ___________ Work #: (___) ___________ Email: ______________________

Level of Education:  
☐ No High School Diploma  ☐ Bachelor’s Degree
☐ High School Diploma or GED  ☐ Master’s Degree
☐ Associate of Arts Degree  ☐ Doctoral Degree

FAMILY INCOME:
Please check the appropriate total family income for 2016-2017:

☐ $0 - $15,000   ☐ $31,001 - $36,000
☐ $15,001 - $20,500  ☐ $36,001 - $41,300
☐ $20,501 - $25,700  ☐ $41,301 - $46,000
☐ $25,701 - $31,000  ☐ $46,001 - $51,700

Total Number of people living in the household: ________________

Does the family receive Public Assistance?  ☐ Yes  ☐ No  AFDC?  ☐ Yes  ☐ No

I hereby give permission for my son/daughter to participate in the College Reach-Out Program (CROP) and its activities. I also give permission for copies of my child’s school records, including transcripts and test scores, to be released to CROP.

________________________________  _____________________________
Print Name of the Parent/Guardian   Signature of the Parent/Guardian

_________________________
Date

☐ I have included a copy of my child’s report card and FSA scores with this application.
☐ I have included proof of that my child is eligible for Free/Reduced Lunch with this application.
To participate in this program, student must meet one academic guideline and one economic guideline. Please check all the areas that you meet.

<table>
<thead>
<tr>
<th>Check areas you satisfy</th>
<th>Academic Criteria</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Generation</td>
<td>Potential first generation in college student (see below)</td>
<td></td>
</tr>
<tr>
<td>□ GPA &lt; 2.5</td>
<td>Student's cumulative grade point average is below 2.50</td>
<td></td>
</tr>
<tr>
<td>□ Course Grades</td>
<td>Student's academic transcript prior to entering CROP indicates course grades in mathematics and science at grade “C” or below</td>
<td></td>
</tr>
<tr>
<td>□ Achievement or scale scores</td>
<td>Achievement level below a Level 3 on the English Language Arts (ELA) and mathematics on the Florida Standards Assessments (FSA) or Below a Level 3 in Algebra I End of Course Assessment (see pages 23-24)</td>
<td></td>
</tr>
<tr>
<td>□ Retained</td>
<td>Student was not promoted to the next grade</td>
<td></td>
</tr>
<tr>
<td>□ Suspended/Expelled</td>
<td>Student was suspended or expelled from school</td>
<td></td>
</tr>
<tr>
<td>□ Absent &gt; 25</td>
<td>Student was absent more than 25 school days</td>
<td></td>
</tr>
<tr>
<td>□ Dropout Prevention</td>
<td>Student participated in a Dropout Prevention program in the previous school year</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Check areas you satisfy</th>
<th>Economic Criteria</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Free and Reduced Price Lunch</td>
<td>Student is eligible to participate in the Free and Reduced Lunch Program (see page 25)</td>
<td></td>
</tr>
<tr>
<td>□ Public Assistance</td>
<td>Student’s family received public assistance through the Supplemental Security Income and/or Housing Choice Voucher Programs, during the preceding calendar year (see page 26)</td>
<td></td>
</tr>
<tr>
<td>□ Orphan or ward</td>
<td>Student is an orphan or ward of the court with no taxable income (see page 25)</td>
<td></td>
</tr>
</tbody>
</table>