Partners in Progress 1 (PIP) Program

Program Dates:
July 5, 2022 to July 29, 2022
Monday – Friday (9:00 a.m. to 12:00 p.m.)

Purpose:
The **Partners in Progress 1 (PIP) Program** is hosted by the Office of Student Access & Success at Florida International University’s (FIU) Modesto Maidique Campus. The remote program aims to increase participants SAT scores through intensive practice and weekly practice testing. In addition, virtual tutoring and office hours will be available.

Eligibility:
Current 9th and 10th graders are encouraged to apply for this fantastic opportunity. Students should have a 2.0 weighted GPA and have earned at least 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.
Partners in Progress 1 (PIP1)
Dates: July 5, 2022 to July 29, 2022

PLEASE COMPLETE ALL SECTIONS ON FRONT AND BACK.
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.
APPLICATION DEADLINE IS May 27, 2022

PERSONAL INFORMATION: (Please type or print clearly.)

Name____________________________________________________________________________ Gender  □ Male  □ Female

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)

If no, please attach a copy of your Resident Alien Card.

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 Partner In Progress 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 Course History from portal

☐ Previous SAT/ACT scores (If taken previously)

☐ **A NON-REFUNDABLE** $25.00 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 Degr

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

- -----------------------------------------------

**FAMILY INCOME:**  
Please check the appropriate total family income for 2019-2020:

- $0 - $15,000
- $15,001 - $20,500
- $20,501 - $25,700
- $25,701 - $31,000
- $31,001 - $36,000
- $36,001 - $41,300
- $41,301 - $46,000
- $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>satisfy</th>
<th>Economic Criteria</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 1st Generation</td>
<td>GPA &lt; 2.5</td>
<td>Student's <strong>cumulative</strong> grade point average is below 2.50</td>
</tr>
<tr>
<td>□ Course Grades</td>
<td>Achievement or scale scores</td>
<td>Student’s academic transcript prior to entering CROP indicates course grades in mathematics and science at grade “C” or below</td>
</tr>
<tr>
<td>□ Achievement or scale scores</td>
<td>Retained</td>
<td>Student was not promoted to the next grade</td>
</tr>
<tr>
<td>□ Suspended/Expelled</td>
<td>Absent &gt; 25</td>
<td>Student was absent more than 25 school days</td>
</tr>
<tr>
<td>□ Dropout Prevention</td>
<td>Economic Criteria</td>
<td>Definition</td>
</tr>
<tr>
<td>□ Free and Reduced Price Lunch</td>
<td>Dropout Prevention</td>
<td>Student participated in a Dropout Prevention program in the previous school year</td>
</tr>
<tr>
<td>□ Public Assistance</td>
<td>Student was suspended or expelled from school</td>
<td></td>
</tr>
<tr>
<td>□ Orphan or ward</td>
<td>Student was absent more than 25 school days</td>
<td></td>
</tr>
<tr>
<td>□</td>
<td>Student participated in a Dropout Prevention program in the previous school year</td>
<td></td>
</tr>
<tr>
<td>□</td>
<td>Student is eligible to participate in the Free and Reduced Lunch Program (see page 25)</td>
<td></td>
</tr>
<tr>
<td>□</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>□</td>
<td>Student is an orphan or ward of the court with no taxable income (see page 25)</td>
<td></td>
</tr>
</tbody>
</table>