Partners in Progress 1 (PIP) Program

Program Dates:
July 5, 2023, to July 28, 2023
Monday – Friday (9:00 a.m. to 3:00 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 program aims to increase participants SAT scores through intensive practice and weekly practice testing. In addition, college advising, workshops, 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, 2023, to July 28, 2023

PLEASE COMPLETE ALL SECTIONS ON FRONT AND BACK.
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.
APPLICATION DEADLINE IS May 26, 2023

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)
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____________________
MIA-MI-DADE COUNTY PUBLIC SCHOOLS

CONSENT FORM FOR MUTUAL EXCHANGE OF INFORMATION

Date ______________________

Student’s Name ___________________________________________ ID# ______________________

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):

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florida International University CROP Program</td>
<td>11200 SW 8th Street, Miami, FL 33199</td>
</tr>
</tbody>
</table>

- 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.

<table>
<thead>
<tr>
<th>Name (print)</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City, State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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  ❑ 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 2022-2023:

❑ $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 Course History 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></td>
<td>Potential first generation in college student (see below)</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>