

## CROP Switch-On Math and Science Program

### Program Dates:

June 19, 2022 – June 25, 2022

### Mission and Purpose:

The **CROP Switch-On Math and Science Program** is hosted by the College Reach-Out Program at Florida International University's (FIU) Modesto Maidique Campus. The program aims to increase the awareness of the educational and career opportunities available in the fields of science, while fostering academic, personal, and career development through supplemental instruction.

### Eligibility:

**Current 9<sup>th</sup> graders** are encouraged to apply for this fantastic opportunity to get a taste of college life and academics. Preference will be given to students currently active in the CROP program.

### Strategies:

The CROP Switch-On Math and Science Program is a **7-day residential academic program** that seeks to supplement academic skills and provide early exposure to the university environment, while preparing students for advanced placement courses. **Only 25 students will be selected for this program.** More information will be provided on the implementation of safety protocols and procedures at FIU during the program orientation.

### Program Activities:

- Research Skills
- Career Exploration
- Personal Goal Development
- College Preparation

To inquire for more information please contact FIU Pre-College Programs staff at (305)348-3634.



## CROP SWITCH-ON MATH AND SCIENCE PROGRAM

Dates: June 19, 2022 – June 25, 2022

PLEASE COMPLETE ALL SECTIONS 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  
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)? ☐ 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 \_\_\_\_\_

Do you plan on attending college? ☐ Yes ☐ No ☐ Undecided What college major are you interested in? \_\_\_\_\_

**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 \_\_\_\_\_



MIAMI-DADE COUNTY PUBLIC SCHOOLS

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, EP'S, 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

Status \_\_\_\_\_  
Letter sent \_\_\_\_\_  
Items needed \_\_\_\_\_  
\_\_\_\_\_  
(For Office Use Only)

**Application Checklist:**

- ☐ Copy of Course History from MDCPS portal
- ☐ **A NON-REFUNDABLE \$30.00** 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.**



## College Reach-Out Program (CROP) APPLICATION

### 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

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### 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

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**FAMILY INCOME:**

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

<input type="checkbox"/> \$0 - \$15,000	<input type="checkbox"/> \$31,001- \$36,000
<input type="checkbox"/> \$15,001- \$20,500	<input type="checkbox"/> \$36,001- \$41,300
<input type="checkbox"/> \$20,501- \$25,700	<input type="checkbox"/> \$41,301- \$46,000
<input type="checkbox"/> \$25,701- \$31,000	<input type="checkbox"/> \$46,001- \$51,700

Total Number of people living in the household: \_\_\_\_\_

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

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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.*

Check areas you satisfy	Academic Criteria	Definition
	<b>1st Generation</b>	Potential first generation in college student (see below)
<input type="checkbox"/>	<b>GPA &lt; 2.5</b>	Student's <b>cumulative</b> grade point average is below 2.50
<input type="checkbox"/>	<b>Course Grades</b>	Student's academic transcript prior to entering CROP indicates course grades in mathematics and science at grade "C" or below
<input type="checkbox"/>	<b>Achievement or scale scores</b>	Achievement level below a Level 3 on the English Language Arts (ELA) <b>and</b> mathematics on the Florida Standards Assessments (FSA) <b>or</b> Below a Level 3 in Algebra I End of Course Assessment (see pages 23-24)
<input type="checkbox"/>	<b>Retained</b>	Student was not promoted to the next grade
<input type="checkbox"/>	<b>Suspended/Expelled</b>	Student was suspended or expelled from school
<input type="checkbox"/>	<b>Absent &gt; 25</b>	Student was absent more than 25 school days
<input type="checkbox"/>	<b>Dropout Prevention</b>	Student participated in a Dropout Prevention program in the previous school year
Check areas you satisfy	Economic Criteria	Definition
<input type="checkbox"/>	<b>Free and Reduced Price Lunch</b>	Student is eligible to participate in the Free and Reduced Lunch Program (see page 25)
<input type="checkbox"/>	<b>Public Assistance</b>	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)
<input type="checkbox"/>	<b>Orphan or ward</b>	Student is an orphan or ward of the court with no taxable income (see page 25 )