

PASCO-HERNANDO COMMUNITY COLLEGE



36727 Blanton Road, Dade City, FL 33523-7599

Pasco County: (352) 518-1275 Hernando County: (352)796-6726, Ext. 1275

Date: _____

Initial Year _____ - _____
(For CROP Staff to fill in)

I. Qualifying Information

Are you currently enrolled in a Free/Reduced Lunch Program: Yes No

Is your family currently receiving AFDC or General Assistance? _____
Y/N

Is your family currently a part of Wages (Work and Gain Economic Self-Sufficiency)? _____
Y/N

Total number of members in household: _____
Y/N

Family/Household Total Annual Income: _____ under \$15,000 _____ \$15,000-\$17,999 _____ \$18,000-\$20,999 _____ \$21,000-\$24,999
_____ \$25,000-\$29,999 _____ \$30,000-\$34,999 _____ \$35,000-\$39,999 _____ \$40,000-\$49,999 _____ \$50,000-\$59,999 _____ \$60,000 or over

LEVEL OF EDUCATION List level of education completed for the following:

Mother's: _____ No High School Diploma _____ High School Diploma/GED _____ Associate of Arts Degree
_____ Bachelor's Degree _____ Master's Degree _____ Doctorate Degree

Father's: _____ No High School Diploma _____ High School Diploma/GED _____ Associate of Arts Degree
_____ Bachelor's Degree _____ Master's Degree _____ Doctorate Degree

Guardian's: _____ No High School Diploma _____ High School Diploma/GED _____ Associate of Arts Degree
_____ Bachelor's Degree _____ Master's Degree _____ Doctorate Degree

II. Student Information

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: ___/___/___ Social Security No.: _____ - _____ - _____ County of Residence: _____
(Please attach a copy of card)

Ethnicity: African American White Hispanic Asian Other

Gender: Male Female

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: [Home] (_____) _____ - _____ [Work] (_____) _____ - _____

In Case of Emergency: [Name] _____ Telephone: (_____) _____ - _____

III. Student Personal Statement

Please explain why you want to participate in the College Reach-Out Program: _____

