



Florida State University

Center for Academic Retention and Enhancement

Summer Bridge Program

Florida State University is committed to recruiting, retaining, and graduating first-time-in-college students who may have been disadvantaged due to economic, educational, or cultural circumstances. To assist with these goals, the Center for Academic Retention and Enhancement (CARE) was created. CARE provides a comprehensive program of orientation and academic support designed to ease the transition from high school to college, and to build a strong academic foundation. The majority of applicants selected to participate in CARE will be first-generation college students from financially disadvantaged backgrounds who have demonstrated a strong desire to succeed. Applicants must be legal Florida residents.

Students admitted to the University through the CARE Program will begin their studies in the summer term. **Students must apply for financial aid by completing the 2008-2009 Free Application for Federal Student Aid (FAFSA) which can be found at www.fafsa.ed.gov/. Those who are deemed Pell Grant eligible will have 100% of their financial need met from non-loan sources for the summer semester. *The 2008-2009 FAFSA form must be completed by February 21, 2009.***

All CARE Summer Bridge Program participants will live together in campus housing during the initial summer term, along with upper-division students who serve as residential peer counselors, guides, and mentors. Participants will also:

- Tour campus facilities and the local community.
- Meet key University faculty, staff, and administrators who will become part of the student's support system.
- Meet campus student leaders and representatives of student organizations to learn more about what the University has to offer.
- Participate in cultural enrichment activities.
- Have fun and make lifelong friends.

If you would like to be considered for admission to Florida State University through CARE, you must:

- Apply online at www.admissions.fsu.edu/.
- Submit the \$30 application fee or SAT or ACT fee waiver.
- Submit official high school and all post-secondary transcripts (dual enrollment).
- Submit official ACT (#0734) and/or SAT (#5219) scores from each test.
- Submit the residency statement.
- Submit the CARE application.
- Submit a copy of the 2007 tax return or other proof of income.
- Submit the 2008-2009 FAFSA.
- Submit two letters of support (one should be from your high school counselor).
- Submit a statement indicating why you would like to participate in CARE.

For full consideration, all documents should be submitted as early as possible, but no later than January 21, 2009. *The University reserves the right to close CARE admission earlier, if warranted by enrollment limitations and the number of applications received.*

Florida State University • CARE Summer Bridge Program Application

Name _____ Name of High School _____
Last First Middle Initial

Street Address _____ Apt. No. _____ City _____ State _____ Zip Code _____

(_____) (_____) _____
 Telephone Number Daytime Telephone Number Email Address

(_____) _____
 Name of High School Counselor Telephone Number of High School Counselor Email Address of High School Counselor

<p>1. Please indicate the highest level of your parent's or legal guardian's (with whom you are currently living) educational background.</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">Father/legal guardian</td> <td style="text-align: center; border: none;">Mother/legal guardian</td> </tr> <tr> <td style="border: none;">No high school/did not complete high school <input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">High school diploma or GED <input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Associate of Arts/Associate of Science <input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Bachelor's degree <input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Graduate degree (master's/doctoral) <input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Professional degree (physician, lawyer, dentist etc.) <input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> </tr> </table>	Father/legal guardian	Mother/legal guardian	No high school/did not complete high school <input type="checkbox"/>	<input type="checkbox"/>	High school diploma or GED <input type="checkbox"/>	<input type="checkbox"/>	Associate of Arts/Associate of Science <input type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree <input type="checkbox"/>	<input type="checkbox"/>	Graduate degree (master's/doctoral) <input type="checkbox"/>	<input type="checkbox"/>	Professional degree (physician, lawyer, dentist etc.) <input type="checkbox"/>	<input type="checkbox"/>	<p>2. Occupation of parent/legal guardian:</p> <p>Father/legal guardian: _____</p> <p>Mother/legal guardian: _____</p>
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<p>5. Please list the name(s) of your immediate family who have attended Florida State University.</p> <p>Name: _____ Relationship: _____</p> <p>Name: _____ Relationship: _____</p>	<p>3. Are you living in a single parent home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, with whom do you live? _____</p>														
<p>7. Do you have family obligations that keep you from participating in extracurricular activities? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. I have to work to supplement family income. Please describe: _____</p> <p>b. I provide primary care for family member(s). Please describe: _____</p> <p>c. Other. Please describe: _____</p>	<p>4. Family Size: _____ Family Gross Income: _____</p> <p>2007 tax return is required for consideration</p>														
<p>8. I have taken or plan to take the following ACT and/or SAT exams:</p> <p>ACT: <input type="checkbox"/> September 13 <input type="checkbox"/> October 25 <input type="checkbox"/> December 13 <input type="checkbox"/> February 7 <input type="checkbox"/> Other _____</p> <p>SAT: <input type="checkbox"/> October 4 <input type="checkbox"/> November 1 <input type="checkbox"/> December 6 <input type="checkbox"/> January 24 <input type="checkbox"/> Other _____</p>	<p>6. Have you ever participated in any of the following programs:</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> College Reach-Out Program (CROP)</td> <td style="border: none;"><input type="checkbox"/> Upward Bound</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Talent Search Program</td> <td style="border: none;"><input type="checkbox"/> College Summit</td> </tr> <tr> <td colspan="2" style="border: none;"><input type="checkbox"/> Other. Please specify: _____</td> </tr> </table>	<input type="checkbox"/> College Reach-Out Program (CROP)	<input type="checkbox"/> Upward Bound	<input type="checkbox"/> Talent Search Program	<input type="checkbox"/> College Summit	<input type="checkbox"/> Other. Please specify: _____									
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Student Agreement: I certify that the information given in this application is complete and accurate and I understand that to make false or fraudulent statements within this application may result in disciplinary action, denial of admission, and invalidation of credits or degrees earned. Should any of the information I have given change prior to my enrollment at the University, I shall immediately notify the Office of Admissions.

 Student Signature Date

Parental/Legal Guardian Agreement: I certify that the information given in this application is complete and accurate and I understand that to make false or fraudulent statements within this application may result in disciplinary action, denial of admission, and invalidation of credits or degrees earned by the student who has completed this application. Should any of the information change prior to the student's enrollment at the University, I shall immediately notify the Office of Admissions.

 Parent/Legal Guardian Signature Date

**Please return completed form and all supporting documents no later than January 21, 2009 to:
 Florida State University, Office of Admissions, P.O. Box 3062400, Tallahassee, FL 32306-2400**

