PRINCE GEORGE'S COUNTY DELTA ALUMNAE FOUNDATION
IN ASSOCIATION WITH THE
PRINCE GEORGE'S COUNTY ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY, INCORPORATED

27th ANNUAL TOUR OF
HISTORICALLY BLACK COLLEGES AND UNIVERSITIES
OPEN TO HIGH SCHOOL SOPHOMORES, JUNIORS, AND SENIORS with a 2.0 GPA

Sunday, November 10 – Friday, November 15, 2013
Observe Campus Life First-Hand
at Prestigious Universities

MOREHOUSE COLLEGE                                  SHAW UNIVERSITY
SPELMAN COLLEGE                                       JOHNSON C. SMITH UNIVERSITY
NORTH CAROLINA CENTRAL UNIVERSITY                     ST. AUGUSTINE UNIVERSITY
HAMPTON UNIVERSITY                                    NORFOLK STATE UNIVERSITY
CLARK ATLANTA UNIVERSITY                              BENEDICT COLLEGE
ELIZABETH CITY STATE UNIVERSITY                       AND MORE

COST: $475.00 Per Person
Enjoy Round Trip Transportation on Luxury Motor Coach
Quality Hotel Lodging
Three (3) Students Per Room/Individual Bed Accommodations
11 Meals Provided

PAYMENT PLAN AVAILABLE (4 PAYMENTS):
• $125.00 Deposit. Completed Application, (All Forms) and 2013 Report Card REQUIRED to
  Reserve Space. Due on or before July 15, 2013. Money Orders, Personal or Bank Checks Only.
  Include Name(s) of the Student(s) on Check or Money Order
• $125.00 Second Payment. Due on or before August 15, 2013. Money Orders, Personal or Bank
  Checks Only.
• $125.00 Third Payment. Due on or before September 15, 2013. Money Orders, Personal or Bank
  Checks Only.
• $100.00 Final Payment. Due on or before October 15, 2013. Bank Checks or Money Orders
  only. No Personal Checks or Cash Accepted.

Make all Money Orders and Checks payable to: PGCDAF. Include Name(s) of the Student(s) on
Check or Money Order. Mail all payments, application, and related materials via REGULAR U.S. MAIL
ONLY to: Prince George's County DELTA Alumnae Foundation (PGCDAF)
HBCU Tour 2013
c/o PGCAC – Delta Sigma Theta Sorority, Inc.
P. O. Box 3604
Capitol Heights, MD 20791-3604

All payments subject to refund within 14 days of receipt of initial deposit only for incomplete
applications and/or if applicant fails to meet eligibility guidelines. If student is accepted for the
tour, a parent or guardian must accompany him or her to a MANDATORY ORIENTATION on
October 20, 2013.

For additional information or to download application, visit www.pgcacadst.org, email
HBCU@pgcadst.org or call the HBCU Committee Chairperson at (301) 568-7437.
HBCU TOUR FACTS AT A GLANCE

PROGRAM DESCRIPTION
The Prince George's County DELTA Alumnae Foundation in association with the Prince George's County Alumnae Chapter, Delta Sigma Theta Sorority, Inc., sponsors an annual tour of Historically Black Colleges and Universities (HBCUs). In alignment with the National goals of this prominent organization, the Tour advances the Sorority’s programmatic emphasis of youth development and educational enrichment. As such, the Tour affords students opportunities to make direct inquiries with college officials while simultaneously exploring possible matches between institutions of higher learning and student educational goals and career aspirations.

GOALS
1. To increase student awareness regarding the academic, cultural, social, and financial opportunities at historically Black institutions of higher learning.
2. To increase the general fund of knowledge and information among students and their parents/guardians who support their decision-making regarding higher education.

COST OF TRIP INCLUDES:

TRANSPORTATION
- Round-trip Travel to Historically Black Colleges/Universities in four (4) states over a period of six (6) days
- Luxuriously comfortable deluxe motor coach transportation with televisions, DVD players, videos, reclining seats, and other amenities

LODGING
- Three (3) students per room/individual bed accommodations/quality hotels
- Opportunity to select roommates in advance

MEALS
- 11 meals provided

SUPERVISION
- Adult chaperone/student ratio of 1:10
- Adult supervision provided 24 hours daily
- On-site security at each hotel during sleeping hours
- First aid, safety, medication management supervised by registered nurses

ACTIVITIES
- Question and answer sessions with college admission officials
- Opportunities for pre-arranged interviews with department heads/coaches
- Follow-up questions and discussions with well-versed college educated chaperones
- Guided tours of the campus conducted by college admission officials to include libraries, dining rooms, gymnasiums, classroom buildings, and some dormitories
- Opportunities to interact with trained student ambassadors
- Observation of campus activities (i.e. step shows or band presentations)
- Browse university bookstores
- HBCU trivia games/prizes and supervised social gathering

PROHIBITIONS
No drug or alcohol use, smoking, gambling, room visitation from the opposite sex, profanity, violations of established dress code for on-site tours, or weapons.
# PRINCE GEORGE’S COUNTY DELTA ALUMNAE FOUNDATION

## HBCU Tour 2013

### REGISTRATION – PARENTAL CONSENT FORM

**TYPE OR PRINT USING BLACK INK ONLY**

**PART I – All information in this section relates to the student.**

<table>
<thead>
<tr>
<th>NAME:</th>
<th>GENDER:</th>
</tr>
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<tbody>
<tr>
<td>Last</td>
<td>First</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address:</th>
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<table>
<thead>
<tr>
<th>City/State/Zip Code:</th>
</tr>
</thead>
</table>

| Email Address (Parent): | |
|-------------------------| |
| Primary | Secondary |

| PARENT Information: | Home Telephone#: | Work Telephone#: | Cell Telephone #: |
|---------------------|------------------|------------------|

<table>
<thead>
<tr>
<th>STUDENT Information:</th>
<th>Date of Birth:</th>
<th>Cell Phone #:</th>
<th>Email Address:</th>
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</table>

<table>
<thead>
<tr>
<th>Current High School:</th>
<th>How did you find out about the Tour:</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Current Grade:</th>
<th>Cumulative Grade Point Average (GPA):</th>
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<tbody>
<tr>
<td>(Must be 2.0 as of June 2013)</td>
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</tbody>
</table>

**PART II – Students must provide a copy of his/her JUNE 2013 FINAL REPORT CARD and a current high school ID card/driver's license/passport/or other ID that contains name with photo. (Applications without report cards will be returned and considered incomplete.)**

**LIST COLLEGES OF INTEREST:**

**Intended Major/Career:**

<table>
<thead>
<tr>
<th>Indicate Prior Participation in a College Tour:</th>
<th>Yes</th>
<th>No</th>
<th>If Yes, Where:</th>
</tr>
</thead>
</table>

**PART III - STUDENT AGREEMENT and PARENTAL CONSENT**

**I HEREBY CERTIFY** that all statements made herein, and on any attachments, are true and correct to the best of my knowledge. Submission of false information may result in non-acceptance on the HBCU Tour. As a condition of my participation in the HBCU Tour, I agree to abide by the rules of conduct and the guidance/directions of the Tour Coordinators/Counselors. **I understand that serious acts of misbehavior on my part may result in my immediate dismissal from the Tour and return home at the expense of my parents/guardians.**

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<table>
<thead>
<tr>
<th>Student's Name (Printed)</th>
<th>Student's Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

I have read the conditions. My signature below and the enclosed $125.00 deposit indicate that my child has my permission to participate in the HBCU Tour. I understand that photographs of my child may be taken during the Tour and may be included in the various publications of the Foundation and/or Prince George’s County Alumnae Chapter, Delta Sigma Theta Sorority, Inc. I agree to make the final payment of $100.00 on or before October 15, 2013 by bank check or money order. No personal checks, cash, or credit cards will be accepted. I understand that **no monies are refundable 14 days after the first payment** has been made; however, they are transferable to another student.

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<table>
<thead>
<tr>
<th>PARENT’S NAME (PRINTED)</th>
<th>PARENT’S SIGNATURE</th>
<th>DATE</th>
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</thead>
</table>

Page 3 of 7
The applicant should fill in the section below and give this form to a teacher, guidance counselor, vice principal, or principal to be further completed. **Official school personnel must sign this form**, which must accompany the student's completed HBCU Tour application package and deposit. **All students must have achieved a minimum 2.0 GPA by June 2013 to participate in this HBCU Tour.**

<table>
<thead>
<tr>
<th>NAME OF STUDENT:</th>
<th>Home Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of High School:</td>
<td>High School Address:</td>
</tr>
<tr>
<td>Signature of Student</td>
<td>Date</td>
</tr>
</tbody>
</table>

**TO THE PRINCIPAL, VICE PRINCIPAL, COUNSELOR, OR TEACHER:** Please complete the following information and return this form to the student for inclusion with the HBCU Tour Application.

1. **Has the applicant been on probation, suspended, or dismissed from high school for academic or disciplinary reasons?**
   - Yes
   - No
   - No Basis for Judgment

2. **Evaluate applicant's personal qualifications using the following key:**
   - 1 - Outstanding
   - 2 - Average
   - 3 - Below Average
   - 4 - No Basis for Judgment
   
<table>
<thead>
<tr>
<th>Dependability:</th>
<th>Reliable, responsible, prompt, positive school attendance record</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maturity:</td>
<td>Poised, displays emotional stability, positive social skills, sincerity</td>
</tr>
<tr>
<td>Behavior:</td>
<td>Well-mannered, good judgment, responsive to directions/instructions</td>
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<tr>
<td>Work Habits:</td>
<td>Industrious, motivated, independent, trustworthy</td>
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<tr>
<td>Attitudes:</td>
<td>Positive thinking, open-minded, flexible, optimistic</td>
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<tr>
<td>Communication Style:</td>
<td>Thoughtful, respects adults, listens well</td>
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<tr>
<td>Conflict Resolution:</td>
<td>Settles conflict/disputes appropriately in lieu of physical or verbal aggression</td>
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</table>

3. **Comments:**
   If the applicant is outstanding or below average in any area, please provide written support for this opinion. Your documented comments are strongly encouraged.

   __________________________________________________________

4. **Would you recommend this student for this one-week college tour?**
   - Recommend
   - Recommend with Reservation
   - Cannot Recommend
   - No Basis for Judgment

   The members of PGCDAF thank you for supporting this 27th Anniversary Tour of HBCUs, which assists students with making informed decisions regarding their choices for higher education. Students participating have absolute responsibility for independently completing all missed assignments. Your signature acknowledges consent for the excused absences and recommendation for participation.

<table>
<thead>
<tr>
<th>Print Name of Principal, Counselor or Teacher</th>
<th>Signature/Date</th>
<th>Telephone #</th>
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</table>
Full Legal Name (Student)  

- Male  
- Female

Date of Birth ___________________________________________   Age ______________________

Street Address  

City  State  Zip

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<tr>
<th>CONTACT #s:</th>
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<tr>
<td>Work Phone#</td>
<td>Home Phone#</td>
<td>Cell Phone#</td>
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</table>

Health Insurance Carrier  

Provide a COPY of Insurance Card

- Primary  Policy Holder’s Name/Policy#  

- Secondary  Policy Holder’s Name/Policy #  

- Military Dependant  Policy Holder’s Name/Policy #

Print Name of Primary Care Physician  Phone

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<th>CONTACT (Print Name):</th>
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<tbody>
<tr>
<td>Work Phone#</td>
<td>Home Phone#</td>
<td>Cell Phone#</td>
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</table>
STUDENT HEALTH FORM (Part II)

Name of Student___________________________________________________________

Date and REASON for last medical exam/Describe in full detail: (i.e., annual physical exam, asthma attack, etc.):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I hereby certify that all statements made herein are correct and true. I will hold harmless the Prince George’s County DELTA Alumnae Foundation and the Prince George’s County Alumnae Chapter, Delta Sigma Theta Sorority, Inc. of any injuries or harm my child may incur due to omissions or false statements given about his/her health.

IN CASE OF EMERGENCY, I HEREBY GIVE MY PERMISSION FOR MEDICAL TREATMENT TO BE GIVEN TO THE ABOVE NAMED CHILD AS INDICATED BY MY SIGNATURE BELOW:

Parent/Guardian’s Signature ___________________________ Date ____________

PRESCRIPTION and OVER-THE-COUNTER MEDICATION CHART
To Be Completed by the Parent or Guardian
List the full names of all of the Prescription and Over-the-Counter Medications currently being taken by your child. Copy the information from the containers when completing the following Medication Chart.

****** PLEASE BRING ALL MEDICATIONS WITH YOU. *****
All Medications must be in original bottles/containers. Write N/A if None Taken.

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Dosage</th>
<th>Frequency Taken</th>
<th>Reason for Taking</th>
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LIST ALL ALLERGIES and REACTIONS; Please Indicate N/A If None:

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<tr>
<th>MEDICATION</th>
<th>REACTION</th>
<th>FOOD</th>
<th>REACTION</th>
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Please provide a photocopy of a valid Health Insurance Card and bring the actual Card and a current photo ID on the Tour.
HBCU TOUR CHECKLIST

Please Use the Following Checklist to Ensure That ALL Required Items Are Submitted with the Application On July 15, 2013:

• All Questions Answered Completely – Do Not Leave Any Blank Spaces
  (Be sure that BOTH student and parent/guardian sign in all places indicated)
• Attach Registration – Parental Consent Form
• Attach Principal, Guidance Counselor, or Teacher Report/Consent
  (Be sure that high school officials sign where indicated and include official school seal)
• Attach a Copy of School ID Card
• Attach a Copy of the June 2013 Final Report Card
• Include a Copy of a Valid Health Insurance Card
• Attach Completed Parts I and II of the Student Health Form
  (Write N/A in any section or line that is not applicable.)
• Registration Package Must Be Postmarked by Monday, July 15, 2013.
• Send Deposit and All Other Required Forms via Regular US Mail ONLY
  (Do NOT send via certified, registered, overnight or return receipt requested.)

The $125.00 Initial DEPOSIT and Completed Application Package (Report Card, Health Forms, School ID, Health Insurance Card, School Consent Form) are Required to Reserve Space on This Tour. Failure to Include Any of These Required Documents Will Constitute an Incomplete Application.

Both The Initial Deposit of $125.00 and Completed Application Are Due On or Before July 15, 2013.

Make Check Payable to PGCDAF and Include the Student’s Name(s) on the Check or Money Order. (Personal or Bank Checks and Money Orders Accepted for Initial Deposit, second and third payments Only.) The Final Payment of $100.00 will be Due On or Before Tuesday, October 15, 2013 via Bank Check or Money Order Only.

NO PERSONAL CHECKS OR CASH ACCEPTED for the Final Payment.

Mail all payments, application, and materials to:
  PGCDAF – HBCU Tour 2013
  c/o PGCAC – Delta Sigma Theta Sorority, Inc.
  P.O. Box 3604
  Capitol Heights, MD 20791-3604

Buses Depart From and Return To: Kettering Plaza, Campus Way South in Largo, Maryland.

For Further Information, Contact: HBCU Committee Chairperson at (301) 568-7437 or email HBCU@pgcadst.org.