



STANDING TOGETHER REACHING OUR NECESSARY GOAL

"EDUCATION"

HBCU College Tour 2023

STUDENTS WHO ARE IN THE 8TH THRU 12TH GRADES AND **CARRY AN 80+ AVERAGE** ARE ELIGIBLE TO ATTEND THIS TOUR. {WE ARE VERY SERIOUS ABOUT THE 80 AVERAGE!} NOW IS THE TIME TO GET THE ACADEMIC HELP IF YOU WANT TO VISIT SEVERAL STATES AND FULLY GAIN THE HISTORICAL BLACK COLLEGE & UNIVERSITY EXPERIENCE!

WE ASK THAT YOU COME ON THIS TOUR WITH A GREAT, POSITIVE ATTITUDE, SERIOUSLY FOCUSED ON YOUR EDUCATION AND WITH A DESIRE TO FULFILL YOUR DREAMS!

COST OF THE TOUR IS \$800.00 AND IT'S ON A FIRST COME / FIRST SERVED BASIS

THIS COVERS ROUNDTRIP TRANSPORTATION ON ACADEMY BUS LINE, HOTELS, BREAKFAST AND SCHOOL TOURS.

THERE WILL BE A **NON-REFUNDABLE** REGISTRATION FEE OF **\$50** REQUIRED TO SECURE YOUR SEAT. THIS DEPOSIT MUST BE ACCOMPANIED BY A REPORT CARD. AND WE WILL NEED TO SEE ANOTHER REPORT CARD JUST BEFORE THE TOUR LEAVES IN APRIL.

SAVE THE DATE!

SATURDAY, APRIL 9TH TO FRIDAY, APRIL 14TH, 2023

North Carolina A&T ★ North Carolina Central University ★ Bennett College ★
Johnson C. Smith ★ South Carolina State University ★ Claflin University ★
Morgan State University ★ Howard University

SCHOOLS SUBJECT TO CHANGE!

www.sistronghbcu.org

THE STATEN ISLAND S.T.R.O.N.G. HBCU COLLEGE TOUR TEAM 2023 HISTORICAL BLACK COLLEGE & UNIVERSITY TOUR

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Dear Parents,

The HBCU College tour will be leaving on **Saturday, April 9th** and returning **Friday, April 14th, 2023**. **EVERY STUDENT IS REQUIRED TO HAVE AN ACADEMIC AVERAGE OF 80 OR ABOVE.** The cost of the tour is **\$800.00**. This includes transportation, hotels, breakfast and the campus tours. Students will need money for lunch, dinner and souvenirs. Enclosed you will find:

- Student application sheet
- Parent Consent Form
- Code of Conduct Form
- Parent/Guardian information sheet
- Emergency/Medical Release form
- Personal Reference sheet
- School Reference sheet
- Student Essay Sheet
- Student Vaccination Verification.

Every sheet is to be completed in a timely manner. Applications will **NOT be accepted if not complete. The \$50 registration fee (non-refundable) and a most recent report card must be handed in along with the application (this fee will be deducted from the \$800). This will guarantee your child a seat on the bus. This is on a first come first served basis.*

***All payments must be paid in full by March 1, 2023.** We accept cash, PayPal, check or money orders payable to: **SI STRONG HBCU College Tour.**

We also require some participation from the parents/guardians! **There will be personal interviews conducted with both the student and the parents (separately) and several workshops will be scheduled with important information that will help to guide the college application and scholarship process.*

***Attendance is REQUIRED at the interview and at least one of the workshops by both the student as well as the parents/guardians.** We will share the dates and times of these as soon as possible.

We look forward to expanding the future of our youth!

Sincerely,

THE STATEN ISLAND S.T.R.O.N.G. HBCU COLLEGE TOUR TEAM

ANY QUESTIONS PLEASE FEEL FREE TO CONTACT:

★ JESSIE BARNES 718/806-7970 ★ JENNIFER WATKINS 646/675-8301 ★ MAURICE HYDE 646/295-6107
★ KELLY ETHERIDGE 917/833-2447 ★ CHRISTY EKPE 646/552-1750 ★ ARTHUR MARTIN 917/531-8700
KENDALL RICHARDSON 347/524-9118 ★ ELAINE SMITH 347/423-8785 ★ MOSEZETTA OVERBY 917/626-0462
SERENA BROTHERS-MOHAMED 718/506-5198 ★ INGA WILSON-HYDE 646/326-1175

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PARENTS CONSENT FORM

This is to certify that I/we _____ give my/our permission for my child _____ to participate in the college tour on Saturday April 9th and returning on Friday April 14th, 2023. I realize that my child will be transported by bus and that he/she is under the direct supervision of the person or persons of the Staten Island S.T.R.O.N.G. HBCU College Tour Team. I hereby confirm that the Staten Island S.T.R.O.N.G. HBCU College Tour Team have advised my child that he/she is prohibited from participating in any misconduct or improper acts while on this trip. Including, but not limited to, refraining from the use of any alcoholic beverage, or illegal substances, and for causing or participation any property damage, from creating any disturbance or doing or participating in any illegal acts. _____(initial)

I do hereby consent to reasonable discipline and disciplinary measures being imposed by the Staten Island S.T.R.O.N.G. HBCU College Tour Team. This consent shall include, , the right to impose reasonable limitations on the activities and movements of my child. _____(initial)

I do hereby consent and give permissions to the Staten Island S.T.R.O.N.G. HBCU College Tour Team to obtain any medical and /or hospital care or treatment that may be required by my child. I agree that any medical and /or hospital treatment that is covered by my insurance plan shall be promptly submitted by me to the hospital. I agree to pay the costs incurred for such medical and/or hospital expenses that may arise during the college tour. _____(initial)

The telephone numbers at which I may be reached are: _____ or _____.

I understand that if, for any reason my child must be sent home from the tour, all related expenses are my responsibility. _____(initial)

I do hereby agree to hold SI S.T.R.O.N.G. HBCU College Tour Team and its subsidiaries, employees, officers, directors, or other agents blameless for any damages, penalties, fines, suits, actions, or other costs (including reasonable attorneys' fees) arising out of or in connection with any violation of any local, state or federal law, rule, regulation or ordinance related to their child's participation in the "College Tour". _____(initial)

I, the undersigned have read, understand and agree to the terms and conditions mentioned in this application.

PARENT/GUARDIAN _____ Date _____

PARENT/GUARDIAN _____ Date _____

SI S.T.R.O.N.G. Team Member _____ Date _____

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Code of Conduct

Expectations for Students:

Please remember and discuss with your child that this is a very special trip and that we will be guests of the College/University. Students' conduct must be outstanding at all times. Students must be reminded that they are to follow S.I. S.T.R.O.N.G. HBCU College Tour Team's staff instructions at all times to ensure the entire group's safety and general well-being. Failure to do so may result in consequences, such as the student not being able to continue the Tour.

Consequences for Students:

Depending on the severity of an incident that occurs on the tour, a student may be sent home from the college/university at the expense of the parent. In this event, a parent or guardian will be notified immediately and will be expected to come and pick up the student immediately. **SHOULD THIS BECOME NECESSARY, ALL EXPENSES RELATED TO THIS INCIDENT ARE THE RESPONSIBILITY OF THE PARENTS OR GUARDIANS.**

Examples of incidents that will result in immediate removal from the trip include, but are not limited to, the following:

- *fighting***
- *stealing***
- *destruction of property***
- *bullying***
- *lying, and/or falsely accusing another student***
- *drinking alcohol or the use of any illegal substance, drugs etc.***
- *harassment (sexual improper behavior)***

PARENT/GUARDIAN _____ Date _____

PARENT/GUARDIAN _____ Date _____

SI S.T.R.O.N.G. TEAM MEMBER _____ Date _____

**THE STATEN ISLAND S.T.R.O.N.G.
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★STUDENTS APPLICATION/INFO★

STUDENTS NAME _____
DATE OF BIRTH _____ **AGE** _____ **MALE** _____ **FEMALE** _____
ADDRESS _____
CELL# _____ **EMAIL#** _____
SCHOOL NAME _____ **GRADE** _____
SCHOOL ADDRESS _____
SCHOOL PHONE# _____ **IEP? Yes** _____ **or No** _____
PLEASE PRINT YOUR PARENT/GUARDIAN NAME(S) AND CELL #

**THIS APPLICATION WILL NOT BE CONSIDERED COMPLETE
WITHOUT THE FOLLOWING ATTACHMENTS:**

- COPY OF MOST RECENT REPORT CARD
- STUDENT INFO SHEET
- RECENT PHOTO (PASSPORT SIZE)
- PARENT/GUARDIAN INFO & CONSENT FORM
- EMERGENCY & MEDICAL RELEASE FORM (including copy of Medical Insurance card)
- (1) SCHOOL REFERENCE
- (1) PERSONAL REFERENCE
- COMPLETED ESSAY
- \$50 REGISTRATION FEE
- VACCINATION VERIFICATION

STUDENTS SIGNATURE

DATE

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★PARENT/GUARDIAN INFORMATION★

STUDENTS NAME _____

PARENT/GUARDIAN _____ Relationship _____

PARENT/GUARDIAN _____ Relationship _____

ADDRESS: _____

HOME# _____ CELL# _____ WORK# _____

EMAIL: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

★ WHY WOULD YOU LIKE YOUR CHILD TO ATTEND THE COLLEGE TOUR?

★WHAT ARE YOUR EXPECTATIONS FOR YOUR CHILD WHILE ON THIS COLLEGE TOUR?

I/We have reviewed the completed application and attest to the accuracy of its contents

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

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★EMERGENCY CONTACTS & MEDICAL RELEASE FORM★

***** THIS FORM MUST BE NOTARIZED *****

STUDENTS NAME _____

IS YOUR CHILD ON ANY MEDICATION THAT THEY NEED TO TAKE WHILE ON THIS TOUR: YES _____ NO _____

DOES YOUR CHILD HAVE ANY BEHAVIORAL ISSUES (FOR EXAMPLE: ADHD, ADD, BIPOLAR, MOOD OR CONDUCT DISORDER)? YES _____ NO _____

DOES YOUR SON/DAUGHTER HAVE ANY ALLERGIES (FOOD,NUTS,ETC.) WE NEED TO BE AWARE OF: YES _____ NO _____

★IF YES TO ANY QUESTION ABOVE PLEASE LIST BELOW★

ALLERGIES/ALLERGIC TO: _____

MEDICATIONS TAKING: _____

DETAILS: _____

★PLEASE LIST 2 EMERGENCY CONTACTS★

EMERGENCY CONTACT #1 _____ CELL# _____

EMERGENCY CONTACT #2 _____ CELL# _____

I HEREBY AUTHORIZE THE STAFF/VOLUNTEERS OF THE STATEN ISLAND S.T.R.O.N.G HBCU COLLEGE TOUR TEAM TO OBTAIN EMERGENCY MEDICAL TREATMENT, IF NECESSARY, FOR MY CHILD WITH THE UNDERSTANDING THAT THE FAMILY WILL BE NOTIFIED AS SOON AS POSSIBLE.

PARENT/GUARDIAN SIGNATURE(S) _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____

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★SCHOOL REFERENCE★

STUDENTS NAME _____

SCHOOL NAME _____

REFERENCE NAME _____

POSITION/TITLE _____

CONTACT# _____ **EMAIL** _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

HOW LONG HAVE YOU KNOWN THIS STUDENT? _____

BRIEFLY DESCRIBE THE NATURE OF YOUR RELATIONSHIP WITH THIS STUDENT

PLEASE GIVE 3 QUALITIES OR CHARACTERISTICS ABOUT THIS STUDENT

WHAT WOULD YOU CONSIDER HIS/HER WEAKNESSES and STRENGTHS?

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★PERSONAL REFERENCE★

STUDENTS NAME _____

REFERENCE NAME _____

CONTACT # _____ **EMAIL** _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. HOW LONG HAVE YOU KNOWN THIS STUDENT _____

2. BRIEFLY DESCRIBE YOUR RELATIONSHIP WITH THIS APPLICANT

3. GIVE AT LEAST 3 QUALITIES OR CHARACTERISTICS THAT YOU FEEL WOULD WARRANT THIS STUDENT TO ATTEND THIS COLLEGE PREPARATION PROGRAM. HOW DO THESE QUALITIES RELATE TO THEIR PARTICIPATION?

4. WHAT WOULD YOU CONSIDER TO BE THIS STUDENTS STRENGTHS AND WEAKNESSES?

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COVID-19 POLICY

General. Many cities, states, colleges, and universities require all students and visitors coming onto campuses to be fully vaccinated (and at times boosted) against COVID-19 to minimize outbreaks and promote the community's public health, consistent with federal, State, and local efforts. In some cases, S.I. S.T.R.O.N.G. may be required to ensure all guests are **fully-vaccinated** and present proof to the College/University before entering campus grounds. To promote public health wellness and remain compliant with the varying jurisdictions, please submit the following documentation:

1. Vaccination verification:

- a. A copy of the vaccination card indicating proof of vaccination. (*Fully vaccinated means two weeks after the second dose of the Moderna or Pfizer/BioNTech or Novavax vaccine or two weeks after the single dose of the Johnson & Johnson vaccine. These are the only four vaccines authorized in the U.S. by the U.S. F.D.A. and recommended by the C.D.C. Advisory Committee on Immunization Practices (A.C.I.P.).*)

Proof of vaccination means:

- A completed CDC COVID-19 vaccination record card; or
- Documentation signed by a U.S. licensed healthcare provider; or
- A New York Excelsior Pass

Exemptions may be given on a case-by-case basis for medical or religious reasons. They are not automatically granted. Having had COVID-19 does not provide an exemption. ***ANY REQUEST FOR AN EXCEPTION MUST BE ACCOMPANIED BY A PHYSICIAN'S STATEMENT THAT YOU ARE UNABLE TO GET THE VACCINATION.***

2. Proof of a negative Covid-19 test result.

Regardless of vaccination status, all participants must present a negative COVID-19 test result. PCR test or a self-administered Rapid Antigen Test (R.A.T.) taken within 3 days of boarding the bus.

Acceptable proof of a negative test includes a **printed document or email with the results from the test provider or lab** three (3) days prior to travel. For R.A.T. results, take a picture of the negative test results. Write the name of the person tested and the date of the test on the test.

Face masks are required while traveling on the bus, and other venues requiring masks. (Please bring sufficient mask)

The Parent/Guardian of any participant who contracts Covid-19 during the trip will be notified. Parents/Guardians shall, at their **OWN** expense, come and get their child to quarantine and return home. **Guests who test positive for Covid-19 will not be allowed to complete the tour.**

S.I. S.T.R.ON.G. reserves the right to change this policy, including due to the progress of the COVID-19 pandemic and guidance from governmental authorities.

I/We have reviewed the COVID-19 policy and agree to abide by the abovementioned terms.

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

STUDENT SIGNATURE

DATE