



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2017 Black College Tour Application Cover Letter

The YMCA Black Achievers program is delighted that you have expressed an interest in participating in the upcoming tour. Special thanks to our partners Harley-Davidson Motor Company for serving as the lead sponsor for this experience. The annual tour provides an opportunity for high school students to be exposed to Historically Black Colleges & Universities throughout the country with the hopes of piquing your interest for future enrollment.

The Black College Tour process consists of 4 steps which include the following: 1) **Completed** application submission, 2) Black college tour interview, 3) Tour acceptance/ denial, 4) **Mandatory pre-tour activities** (orientation, tour retreat, Harley-Davidson sponsored tour breakfast, and tour sendoff).

Please note that the YMCA staff in partnership with the Harley-Davidson motor company volunteers reserve the right to reject any applicant that does not meet the tour requirements. Tour requirements include the following:

- Minimum G.P.A of 2.5
- Past participant tour conduct/behavior
- Overall program conduct
- Program participation
- Feedback from references

This cover letter will accompany each black college tour application that is shared to ensure all applicants are aware of the application expectations.



2017 Black College Tour

YMCA of Metropolitan Milwaukee
Association Office
161 W. Wisconsin Ste. 4000
Milwaukee, Wisconsin 53203
Attention: Shaneé Jenkins

Telephone: (414) 374-9401 Fax: (414) 224-0151



Please print legibly

APPLICATION FOR YMCA BLACK COLLEGE TOUR 2017

STUDENT INFORMATION:

NAME: _____ T-shirt size: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____ (use preferred email to receive TOUR info)

PARENT/GUARDIAN INFORMATION:

NAME: _____

WORK PHONE: _____ Cell Phone: _____

EMAIL: _____ (use preferred email to receive TOUR info)

Please complete the following information.

Are you an active participant of Teen Achievers? YES _____ NO _____
If yes, please indicate which center you attend NS _____ PK _____ RH _____ WS _____

If no, please indicate group affiliation if applicable _____

Have you ever attended the YMCA Black Achievers College Tour?

SCHOOL: _____ AGE: _____

GENDER MALE FEMALE

GRADE 9th 10th 11th 12th

Teen Achiever Registration Application Fee: \$25.00
Non-Teen Achiever Registration Application Fee: \$50.00
(NO REFUNDS ON APPLICATION FEE OR TOUR PAYMENTS)
Make Check Payable to : YMCA Black Achievers

RETURN COMPLETE APPLICATION TO:
YMCA of Metropolitan Milwaukee
Association Office
161 W. Wisconsin Avenue Ste. 4000
Attention: Shaneé Jenkins
Milwaukee, WI 53203

(THIS IS THE ONLY LOCATION WHERE APPLICATIONS WILL BE ACCEPTED)

I acknowledge that participation on the tour is contingent upon receipt of all application materials and forms to the Black Achievers office, completion of personal interview, payment of all fees, and attendance at mandatory events associated with the trip.

Student Signature _____ **Date:** _____

Parent Signature _____ **Date:** _____

For Office use only:

Date Received _____ Received by _____
Credit Card Type _____ Card Number _____ CVC # _____
Check No. or Cash _____ Amount _____
Receipt No. _____

Authorization to Administer Medication

Use of form: This form is **mandatory** for certified providers to comply with DWD 55.08(4)(f) and 55.09(5)(c), Wisconsin Administrative Code. Failure to comply may result in issuance of a non-compliance statement. Personally identifiable information gathered on this form will be used only to verify compliance with the certification rules.

Instructions: This form shall be completed and signed by the parent or guardian before any medication is administered. Place form in child's file when medication is no longer required/authorized.

Provider Name _____

Child Name _____

Date of Birth (mm, dd, yyyy) _____

MEDICATION

Medication Name	Dosage	Time of Day Administered	Medication Time Period (Dates)	
			To	From
		<input type="checkbox"/> AM <input type="checkbox"/> PM		
		<input type="checkbox"/> AM <input type="checkbox"/> PM		
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Administering Medication - Special Instructions: _____

AUTHORIZATION

I hereby authorize administration of the above medication(s) to my child by the childcare provider listed above.

SIGNATURE - Parent or Guardian _____

Date Signed _____