



# REGISTRATION FORM

YMCA Black College Tour sponsored by  
Harley-Davidson Motor Company  
March 24, 2018 – March 31, 2018



## Application Cover Letter

Dear Applicant,

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 (returning teens only)
  - Overall program conduct
  - Program participation
  - Feedback from references

The application deadline is 1/12/2018. Applications received after the deadline will be waitlisted. To make the tour more accessible for all, students that apply before the deadline will have an opportunity to fundraise to decrease some of the tour expense. **In addition to the fundraising opportunities, we are offering an Early Bird Special to the first 10 Teen Achievers and the first 10 community participants that submit a completed application and registration fee.** The Early Bird Special will provide recipients with \$100 off the total tour cost. More information will be forthcoming.

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

In Service,

**Rayven T. Peterson**

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Operations Executive  
Northside YMCA



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## Important Information to Remember

Tour Dates: Saturday, March 24, 2018- Saturday, March 31, 2018

List of potential HBCUs:

- North Carolina Agricultural & Technical State University
- North Carolina Central University
- Winston-Salem State University
- Johnson C. Smith University
- Bennett College
- Livingston College
- Saint Augustine University
- Shaw University
- Fayetteville State University
- Elizabeth City State University

\*Campus visits will be confirmed in 2018 and chosen from the above list of HBCUs based on scheduling and availability

Tour Rates:

Teen Achievers Rate	Community Participant Rate
Application Fee: \$25.00*	Application Fee: \$50.00*
Tour Registration: \$425.00	Tour Registration: \$500.00
Total Cost: \$450.00**	Total Cost: \$550.00**

\*Application Fee is due when application is submitted and is non-refundable

\*\*Flexible Payment Plan and Fundraising opportunities available

### Price Includes:

- Hotel Fee
- Most Meals
- Tour T-Shirt
- Tour Enrichment and Cultural Activities

PLEASE SUBMIT REGISTRATION FORM AND PAYMENT TO:

YMCA Black Achievers Program – Attn: Rayven Peterson  
1350 W. North Avenue, Milwaukee, WI 53205

Registration Deadline is: January 12, 2018

Questions? Call 414.374.9442 or email: [rpeterson@ymcamke.org](mailto:rpeterson@ymcamke.org)



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## STUDENT INFORMATION *(Please print legibly)*

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Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Student  
Student Email: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

## PARENT /GUARDIAN INFORMATION

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Parent/Guardian: \_\_\_\_\_ Preferred Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Parent Email: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Have you ever attended the YMCA Black College Tour?      YES      NO  
Are you an active participant in Teen Achievers?      YES      NO  
If yes, please indicate which center you attend:      Northside      Parklawn      Rite Hite      West Suburban

If no, please indicate which group affiliation (if not YMCA): \_\_\_\_\_

## STUDENT WRITING PROMPT

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### Business Letter to the Secretary of Education

The Secretary of Education recently proposed a nearly \$10 billion cut in educational funding that had potential impact on federal grants, work study and other federal education programs. In proper business letter format, write a letter to the Secretary of Education with your viewpoint on the proposed changes and how the cuts to funding could impact your college financial aid.

- Research the name of the current Secretary of Education
- Research articles that detail the proposed cuts
- Business letter must be typed and written in proper business letter format (see attached)
- Depth of content is more important than length, but in general the business letter should be no more than 1-page in length and no less than a half-page in length

## REGISTRATION CHECKLIST

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Individual Registration Form  
Two Letters of Recommendation  
Signed Photo Release/ Activity Waiver/ Medical Information  
Most recent report card  
Payment- \$25.00 (Achiever Application Fee)/ \$50.00 (Community Participant Application Fee)  
Student Writing Prompt

(Student Must Return This Page)



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ACTIVITY WAIVER, PHOTOGRAPHY RELEASE, & REQUIRED SIGNATURE

In having a YMCA of Metropolitan Milwaukee membership and/or participating in YMCA programs, I agree to cooperate with others in supporting the YMCA mission, goals, and objectives and to abide by the policies and procedures set forth by the YMCA of Metropolitan Milwaukee Board of Directors. I do hereby agree to hold free from any and all liability the YMCA of Metropolitan Milwaukee, and its officers, employees, and members, and do hereby myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all claims for damages which I may incur, or which hereafter accrue to me, arising out of or connected with my participation in any of the activities of the YMCA. I understand that membership dues are non-refundable and membership privileges may not be transferred from one individual to another. I give my permission and consent to the use of any photographs, videotapes, or other media record of my participation at the YMCA of Metropolitan Milwaukee for any lawful purpose, without compensation to me or on my behalf. If I choose not to be photographed, videotaped, or in other recorded media, it is my responsibility to inform the photographer and/or remove myself from the picture.

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Participant Signature: \_\_\_\_\_

## HEALTHCARE INFORMATION

Name of Family Physician: \_\_\_\_\_

Physician Contact #: \_\_\_\_\_

Do you have health insurance? Yes No

If yes, Company Name: \_\_\_\_\_

Policy/Group #: \_\_\_\_\_

Allergies/ dietary Restrictions: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Number: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

(Student Must Return This Page)



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Business Letter Format

(Your Name)  
(Street Address)  
(City, State Zip Code)

(Today's Date)

(Name of Recipient)  
(Title)  
(Company)  
(Address)  
(City, State Zip Code)

Dear (Name of Recipient): (if unknown, us "To Whom it May Concern")

(Short introduction paragraph stating your purpose)

(Additional Information)

(Closing Information, summary or thank you as appropriate)

Sincerely,

(Your Name)  
(Title- if applicable)

Enclosures: #  
CC:



# 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  
www.ymcamke.org



## RECOMMENDATION FOR YMCA BLACK COLLEGE TOUR

### TO THE APPLICANT:

Fill in your information below and then give to a teacher, mentor, pastor, counselor, or teen advisor that is not a relative.

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### TO THE EVALUATOR

The YMCA Black Achievers College Tour sponsored by Harley-Davidson Motor Company is a week long trip designed to primarily expose students to Historically Black Colleges & Universities, campus life, and academic/admission requirements for acceptance. During this trip students will be required to write daily journal entries to provide context for a final essay summarizing their overall tour experience and what they have learned. Students will share accommodations with up to three roommates, be responsible for their own personal belongings, and budget their own money for the duration of the trip. This evaluation is helpful in choosing among highly qualified candidates for the college tour. Please return to the student in a sealed envelope. Be sure to sign below.

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### BACKGROUND INFORMATION

How long have you known this student and in what context?

What are the first words that come to your mind to describe this student?

Would you recommend this student to be a participant on this tour? Why?

### RATINGS

How do you rate this student in terms of:

N/A	Below Average	Average	Above Average	Comments
				Academic Achievement
				Intellectual Promise
				Quality of writing
				Respect
				Maturity
				Motivation
				Leadership
				Concern for others
				Self-Confidence
				Initiative, Independence
				Overall

### EVALUATION

Please write whatever you think is important about this student , including a description of academic and personal characteristics. We welcome information that will help us to differentiate this student from others. (Feel free to attach an additional sheet or another reference you may have prepared on behalf of this student on letterhead.)

Signature \_\_\_\_\_

Date: \_\_\_\_\_

## 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		
		<input type="checkbox"/> AM <input type="checkbox"/> PM		
		<input type="checkbox"/> AM <input type="checkbox"/> PM		
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		<input type="checkbox"/> AM <input type="checkbox"/> PM		

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 \_\_\_\_\_