

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

24<sup>TH</sup> ANNUAL TOUR

of

HISTORICALLY BLACK COLLEGES AND UNIVERSITIES

OPEN TO HIGH SCHOOL SOPHOMORES, JUNIORS, AND SENIORS with a 2.0 GPA

Sunday, October 31, 2010 – Friday, November 5, 2010

**Observe Campus Life First-Hand at Prestigious Universities to Include:**

CLAFLIN UNIVERSITY

ELIZABETH CITY STATE UNIVERSITY

JOHNSON C. SMITH UNIVERSITY

NORTH CAROLINA CENTRAL UNIVERSITY

SPELMAN COLLEGE

CLARK ATLANTA UNIVERSITY

HAMPTON UNIVERSITY

NORTH CAROLINA A & T STATE UNIVERSITY

MOREHOUSE COLLEGE

SOUTH CAROLINA STATE UNIVERSITY

.....Plus Other Schools

**COST: \$500.00 Per Person**

Enjoy Round – Trip Transportation on Luxury Motor Coach

Quality Hotel Lodging

12 Meals Provided

**PAYMENT: \$250.00 Deposit by Thursday, September 30, 2010 (No Cash)**

**Money Orders, Personal and Bank Checks Only – via U.S. Mail**

Payable to PGCDAF or Prince George's County Delta Alumnae Foundation

Include Name(s) of the Student(s) on Check or Money Order

**Deposit, Completed Application, All Forms, and Report Card REQUIRED to Reserve Space**

Due On or Before **Thursday, September 30, 2010**

Send via **REGULAR U.S MAIL ONLY**

**\$250.00 Final Payment Due On or Before Friday, October 15, 2010.**

**Bank Checks or Money Orders Only. No Personal Checks or Cash Accepted.**

**All Payments Subject to Refund within Fourteen (14) Days of Receipt of Initial Deposit for Incomplete Applications and/or If Applicant Fails to Meet Eligibility Guidelines. If Student is Accepted for the Tour, a Parent/Guardian Must Accompany Him/Her to a MANDATORY ORIENTATION on October 17, 2010.**

Mail all payments, application, and related materials via Regular U.S. Mail to:

Prince George's County Delta Alumnae Foundation (PGCDAF) – HBCU Tour 2010

c/o PGCAC – Delta Sigma Theta Sorority, Inc.

P. O. Box 3604

Capitol Heights, MD 20791-3604

**For additional information** or to download application, visit [pgcadst.org](http://pgcadst.org), email [@pgcadst.org](mailto:@pgcadst.org) or call the HBCU Committee Chairperson at (301) 350-5660.

**All HBCU Tour donations given to PGCDAF, Incorporated, a 501(C)3 tax-exempt organization, support the community-based Scholarship Program.**

# 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 of 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 with opportunities to make direct, on-site inquiries of college officials while simultaneously matching institutions of higher learning with their educational goals and career aspirations.

## OBJECTIVES

1. To introduce students to college campus life and provide them with a series of informational sessions and guided tours of a select group of Historically Black Colleges and Universities.
2. To provide students with an enhanced awareness of the academic programs, entrance requirements, career opportunities, financial resources, and social and emotional support mechanisms offered by Historically Black Colleges and Universities.

## COST OF TRIP INCLUDES

### TRANSPORTATION

- ✓ Round-trip Travel to **Fourteen (14)** Historically Black Colleges/Universities in **Four (4)** States Over a Period of Six (6) Days
- ✓ Luxuriously Comfortable Deluxe Motor Coach Transport with Televisions, DVD Players, Videos, Reclining Seats, and Other Amenities

### LODGING

- ✓ **Four (4)** Students Per Room in Quality Hotels
- ✓ Opportunity to Select Roommates in Advance

### MEALS

- ✓ 12 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

- ✓ Mini Conferences, Question and Answer Sessions with College Admission Officials
- ✓ Follow up Questions and Discussions with Well-Versed College Educated Chaperones
- ✓ Guided Tours Conducted by College Admission Officials and/or Their Designees to Include Campuses, Libraries, Dining Rooms, Gymnasiums, Classroom Buildings
- ✓ Opportunities to Interact with Trained College Student Ambassadors
- ✓ Browse University Bookstores
- ✓ Quiet Time for Study/Homework
- ✓ Supervised Social Gatherings (Games, Music, Movies, etc.) at Hotel

## PROHIBITIONS

**No Drug or Alcohol Use, No Smoking, No Gambling, No Room Visitation from the Opposite Sex, No Profanity, No Violations of Established Dress Code for On-Site Tours, No Weapons**

**SERIOUS ACTS OF MISCONDUCT MAY RESULT IN IMMEDIATE DISMISSAL FROM THE TOUR AT THE EXPENSE OF PARENTS AND/OR GUARDIANS.**



**PRINCE GEORGE'S COUNTY DELTA ALUMNAE FOUNDATION – HBCU Tour 2010**

**PRINCIPAL or COUNSELOR REPORT/CONSENT  
TYPE OR PRINT USING BLACK INK ONLY**

The applicant should fill in the section below and give this form to a 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 2010 to participate in this HBCU Tour.**

<b>NAME OF STUDENT:</b>		
<b>Home Address:</b>		
<b>Name of High School:</b>		
<b>High School Address:</b>		
<b>Signature of Student</b>		<b>Date</b>

**TO THE PRINCIPAL, VICE PRINCIPAL, OR COUNSELOR:** 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

<b>Dependability:</b> Reliable, Responsible, Prompt, Positive School Attendance Record	<b>Please place official school seal in this box.</b>
<b>Maturity:</b> Poised, Displays Emotional Stability and Positive Social skills, Sincere	
<b>Behavior:</b> Well mannered, Good Judgment, Responsive to Directions/Instructions	
<b>Work Habits:</b> Industrious, Motivated, Independent, Trustworthy	
<b>Attitudes:</b> Positive thinking, Open-minded, Flexible, Optimistic	
<b>Communication Style:</b> Thoughtful, Respects Adults, Listens Well	
<b>Conflict Resolution:</b> Settles Conflict/Disputes Appropriately in Lieu of Physical or Verbal Aggression	

**3. Comments:**

If the applicant is outstanding or below average in any area, please document support for this opinion. Your comments are strongly encouraged.

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**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 24<sup>th</sup> annual 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.

**Name of Principal or Counselor**

**Signature/Date:**

**Telephone #:**

PRINCE GEORGE'S COUNTY DELTA ALUMNAE FOUNDATION – HBCU Tour 2010

STUDENT HEALTH FORM (Part I of II)  
**THIS FORM MUST BE COMPLETED BY THE PARENT/GUARDIAN**

Type or Print Using **Black Ink ONLY**. Do Not Leave Any Blanks. Use N/A Where It Applies.

NOTE: This CONFIDENTIAL Information Will Be Used By the Registered Nurse Chaperones.

Full Legal Name (Student) \_\_\_\_\_

Male       Female

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Street \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

<b>PARENT CONTACT #s:</b>		
Work Phone#	Home Phone#	Cell Phone#

Health Insurance Carrier \_\_\_\_\_

Provide a COPY of Card

Primary      Policy Holder's Name/Policy#  
\_\_\_\_\_

Secondary      Policy Holder's Name/Policy #  
\_\_\_\_\_

Military Dependand      Policy Holder's Name/Policy #  
\_\_\_\_\_

Name of Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_  
AREA CODE/NUMBER

<b>EMERGENCY CONTACT:</b>		
Work Phone#	Home Phone#	Cell Phone#

**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.)

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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 of 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.

Name of Medication	Dosage	Frequency Taken	Reason for Taking

**LIST ALL ALLERGIES and REACTIONS:** Please Indicate N/A If None.

MEDICATION	REACTION	FOOD	REACTION
1		1	
2		2	
3		3	
4		4	

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 September 30, 2010:

- 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 or High School Counselor Report/Consent  
(Be sure that high school officials sign where indicated.)
- Attach a Copy of School ID Card
- Attach a Copy of the June 2010 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 Thursday, September 30, 2010.**
- Send Deposit and All Other Required Forms via Regular US Mail **ONLY**  
(Do **NOT** send via certified, registered, overnight or return receipt requested.)

The \$250.00 Initial DEPOSIT **and** Completed Application Package (Report Card, Health Forms, School ID, Health Insurance Card, School Consent Form, Counselor's Report) 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 \$250.00 and Completed Application Are Due On or Before **September 30, 2010.**

Make Check Payable to PGCD AF **and** Include the Student's Name(s) on the Check or Money Order. (Personal or Bank Checks and Money Orders Accepted for Initial Deposit Only.) The Final Payment of \$250.00 will be Due On or Before **Friday, October 15, 2010** via Bank Check or Money Order Only.

**NO PERSONAL CHECKS OR CASH ACCEPTED for the Final Payment.**

Mail all payments, application, and materials to:

PGCD AF – HBCU Tour 2010  
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) 350-5660** or email **HBCU@pgcacadst.org.**