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

Countdown to College Fall 2010
Day Tour #5 of Historically Black Colleges and
Universities (HBCUs)

Calling 7th, 8th, and 9th Grade Students

Open to Residents of Prince George's County Only

Limited to the First 50 Applicants Based on Dates Applications Received

Friday, October 15, 2010

6:45AM – 8:00PM

Bus departs from Kettering Plaza in Largo, MD
(In front of Mattress Discounters)

Observe Campus Life First-Hand at the Prestigious

Virginia State University in Petersburg, Virginia

and

Norfolk State University in Norfolk, Virginia

Luxury Round-Trip Bus Transportation
Continental Breakfast and Lunch
Guided Tours of Both Campuses
DVDs and Games to Entertain While Traveling

Completed Application & Payment of **\$25 Due On: Monday, October 4, 2010**
Make checks or money orders payable to: PGCDAF

Mail payment and application via Regular U.S. Mail only to:

Prince George's County Delta Alumnae Foundation (PGCDAF)
Delta Sigma Theta Sorority, Inc. – HBCU DAY TOUR Fall 2010
P.O. Box 3604
Capitol Heights, MD 20791-3604

For **additional information**, call the Chairperson at (301) 350-5660 or email HBCU@pgcacadst.org
Download the Application at www.pgcacadst.org

**PRINCE GEORGE'S COUNTY DELTA ALUMNAE FOUNDATION
PRINCE GEORGE'S COUNTY ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY, INC.**

**COUNTDOWN TO COLLEGE FALL 2010
DAY TOUR of HISTORICALLY BLACK COLLEGES and UNIVERSITIES**

REGISTRATION – PARENTAL CONSENT FORM

Type or Print and Use Black Ink Only

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

Name: _____ Gender: _____
Last First Middle M F

Address: _____
City/State/Zip Code: _____
Student Email Address: _____
Parent Email Address: _____
Home Telephone #: _____ Student Cell #: _____
Date Of Birth: _____
School Currently Attending: _____
Grade: _____ Cumulative Grade Point Average (GPA): _____

PART II – Please share any beginning ideas you have about college.

List Colleges Of Interest: _____
Intended Major/Career Interest _____

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. As a condition of my participation in the HBCU Day Tour, I agree to abide by the rules of conduct and adhere to the guidance/directions of the Tour Coordinators/Chaperones.

Print Student's Name Student's Signature Date

I have read the conditions. My signature below and the enclosed \$25 payment indicate that my student has my permission to participate in the Day Tour of HBCUs sponsored by the Prince George's County Delta Alumnae Foundation (PGCDAF) in association with the Prince George's County Alumnae Chapter (PGCAC) of Delta Sigma Theta Sorority, Inc.

I understand that **no monies are refundable**; however, they are transferable to another student.

Print Parent/Legal Guardian's Name _____
Signature: _____ Date: _____
Daytime Telephone #: _____ Cell #: _____

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RECOMMENDATION FORM

To the Principal, Counselor,
Teacher, Pastor, Youth Leader,
Coach, **OR** Mentor of: _____

The members of the PGCDAF in association with the PGCAC of Delta Sigma Theta Sorority, Inc., thank you for supporting this Fourth Annual Day Tour of Historically Black Colleges and Universities. By encouraging students to participate, you assist them in making informal, but early decisions needed to influence their choices for higher education. The overall goal of this exciting program is to reach all students in the grades of 7, 8, and 9 who may not otherwise have this opportunity or exposure. Based on 23 years of experience sponsoring college tours for high school sophomores, juniors, and seniors, the evidence supports an early intervention strategy of introducing the goals of higher education to students in middle school or sooner when possible.

Please provide a brief recommendation for the above named student:

(This document must be completed and returned with the student's application by the due date of Monday, October 4, 2010.)

Printed Name of Person Providing
Recommendation: _____

Date _____

Signature _____ Telephone # _____

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STUDENT HEALTH FORM

THIS FORM MUST BE COMPLETED BY THE PARENT/GUARDIAN

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

NOTE: This CONFIDENTIAL Information Will Be Used By the Health Care Chaperones.

**FULL LEGAL NAME
(STUDENT)**

Male Female _____

DATE OF BIRTH _____ **AGE** _____

**STREET
ADDRESS** _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE# _____
AREA CODE/NUMBER

IN CASE OF EMERGENCY

NOTIFY

WORK _____ **HOME** _____ **CELL** _____
PHONE# _____ **PHONE#** _____ **PHONE#** _____
AREA CODE/NUMBER AREA CODE/NUMBER AREA CODE/NUMBER

**STREET
ADDRESS** _____

CITY _____ **STATE** _____ **ZIP** _____

Health Insurance _____ **PRIMARY/Policy Holder's Name/Policy #** _____
Carrier _____

Describe in FULL Detail ALL MEDICAL CONDITIONS to include all restricting physical and/or emotional disabilities.
(Identify all special needs, i.e., – seizure precautions, asthma, uses crutches or wheelchair, etc.)

List all allergies

List all medications

Name of Physician _____ **Phone** _____
AREA CODE/NUMBER

I hereby certify that all statements made herein are correct and true. I will hold harmless the PGCD AF and the PGCAC of Delta Sigma Theta Sorority, Inc., of any injuries or harm my student 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 STUDENT AS INDICATED BY MY SIGNATURE BELOW:

Parent/Guardian's Signature _____ Date _____

Provide a photocopy of a valid Health Insurance Card and **BRING** the actual Health Insurance Card for verification purposes with a **current photo ID** to be carried on the HBCU Tour.