



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 peaking 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

Rayven T. Peterson

Operations Executive
Northside YMCA



REGISTRATION FORM

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



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



REGISTRATION FORM

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



STUDENT INFORMATION *(Please print legibly)*

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

PARENT /GUARDIAN INFORMATION

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

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

- 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)



REGISTRATION FORM

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



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)



REGISTRATION FORM

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



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:

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		
		<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		
		<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		
		<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 _____