

**HARTFORD MEMORIAL BAPTIST CHURCH
SCHOLARSHIP MINISTRY**

**“2018 BLACK COLLEGE TOUR”
TOUR DATES: MARCH 30—APRIL 8, 2018**

COLLEGES AND UNIVERSITIES

**Delaware State University – Dover, DE
Bowie State University – Bowie, MD
Coppin State University – Baltimore, MD
Morgan State University – Baltimore, MD
Hampton University – Hampton, VA
Norfolk State University – Norfolk, VA
Virginia State University – Petersburg, VA
Virginia Union University – Richmond, VA
Howard University – Washington, DC
University of the District of Columbia – Washington, DC**

**TOUR COST: \$750.00
PAYMENT SCHEDULE**

PAYMENTS	AMOUNT	DUE DATES
TOUR DEPOSIT	\$150.00	UPON REGISTRATION
PAYMENT ONE	\$125.00	NOVEMBER 12, 2017
PAYMENT TWO	\$125.00	DECEMBER 10, 2017
PAYMENT THREE	\$125.00	JANUARY 14, 2018
PAYMENT FOUR	\$125.00	FEBRUARY 11, 2018
FINAL PAYMENT	\$100.00	MARCH 11, 2018

Accepted Payment

**Cash * Money Order * Certified Check * Cashier Check * Major Credit Cards
(No personal checks will be accepted)**

**Payable to: Hartford Memorial Baptist Church
TOUR DEPOSIT WILL NOT BE REFUNDED**

REFUND BY REPLACEMENT ONLY (strictly enforced)

TOUR COST INCLUDE: Deluxe motor coach transportation, hotel accommodations (four persons per room), pizza party and tour t-shirt

**HARTFORD MEMORIAL BAPTIST CHURCH
18700 JAMES COUZENS HIGHWAY – DETROIT, MI 48235**

**Rev. Dr. Charles G. Adams, Pastor
Rev. Charles C. Adams, Presiding Pastor**

**Ms. Georgia Daniel, General Chairperson
(313) 861-1150**

HARTFORD MEMORIAL BAPTIST CHURCH
SCHOLARSHIP MINISTRY

2018 BLACK COLLEGE TOUR
STUDENT INFORMATION FORM

(Please Print)

NAME: _____ TELE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ AGE: _____ GENDER: M F
(circle one)

HARTFORD MEMBER? YES NO ENVELOPE NUMBER: _____
(circle one)

If you are not a member of Hartford, please enter the name and address of your church

HIGH SCHOOL NAME: _____ GRADE: _____

What area(s) of concentration do you plan to pursue in college?

MAJOR: _____ MINOR: _____

If you have applied to any of the colleges that we are visiting on this tour, please list here: _____

.....
Parent/Guardian Information:

NAME: _____ HOME TELE: _____

RELATIONSHIP TO STUDENT: _____ WORK TELE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HARTFORD MEMBER? YES NO ENVELOPE NUMBER: _____
(circle one)

If you are not a member of Hartford, please enter the name and address of your church

**HARTFORD MEMORIAL BAPTIST CHURCH
SCHOLARSHIP MINISTRY**

2018 BLACK COLLEGE TOUR



STUDENT NAME: _____

BUS NUMBER: _____

**HARTFORD MEMORIAL BAPTIST CHURCH
SCHOLARSHIP MINISTRY**

EMERGENCY AND MEDICAL BACKGROUND INFORMATION

FIRST CONTACT

NAME: _____ HOME TELE: () _____
RELATIONSHIP TO STUDENT: _____ WORK TELE: () _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

SECOND CONTACT

NAME: _____ HOME TELE: () _____
RELATIONSHIP TO STUDENT: _____ WORK TELE: () _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

PHYSICIAN INFORMATION

PHYSICIAN'S NAME: _____ TELE: () _____
ADDRESS: _____ WORK _____
CITY: _____ STATE: _____ ZIP: _____
OFFICE HOURS AND EMERGENCY TELEPHONE: _____

INSURANCE AND OTHER INFORMATION

INSURANCE CO: _____ CONTRACT #: _____
INSURED NAME: _____ RELATIONSHIP TO STUDENT: _____

ARE THERE ANY MEDICAL CONDITIONS THAT WE NEED TO BE AWARE OF FOR EMERGENCY PURPOSES (i.e., asthma, epilepsy, heart, etc.)? _____

ALLERGIES TO MEDICATIONS, FOODS, CHEMICALS, ETC? _____

**HARTFORD MEMORIAL BAPTIST CHURCH
SCHOLARSHIP MINISTRY**

PARENTAL CONSENT STATEMENTS

BLACK COLLEGE TOUR:

I/We the parent(s) or guardian(s) of _____

Who resides at _____

In the City of _____ State of _____

Give my/our permission for him/her to go on the Hartford Black College Tour. I also agree that, if my son/daughter becomes a behavior problem and has to be returned home prior to the end of the tour, **I accept full responsibility for reimbursement of his/her transportation costs.**

SIGNATURE OF PARENT/GUARDIAN

DATE

EMERGENCY MEDICAL TREATMENT:

I/We the parents(s) or guardian(s) of _____

Who resides at _____

in the City of _____ State of _____

give my/our consent to the Hartford Black College Tour Director or its Chaperons, to act in my behalf in a Medical Emergency and refer him/her to appropriate facilities for medical treatment.

SIGNATURE OF PARENT/GUARDIAN

DATE

**HARTFORD MEMORIAL BAPTIST CHURCH
SCHOLARSHIP MINISTRY**

BLACK COLLEGE TOUR

MISSION -- GOALS -- GUIDELINES

MISSION

THE MISSION OF THE BLACK COLLEGE TOUR IS TO FACILITATE YOUTH AWARENESS AND KNOWLEDGE OF HIGHER EDUCATIONAL OPTIONS AVAILABLE VIA BLACK COLLEGES AND UNIVERSITIES.

GOALS

THE GOALS OF THE BLACK COLLEGE TOUR (BCT) IS TO ENABLE YOUTHS TO HAVE A SUCCESSFUL, SAFE, AND COMFORTABLE TOUR.

GUIDELINES

THE FOLLOWING GUIDELINES HAVE BEEN ESTABLISHED SO THAT THE GOALS OF THE TOUR MAY BE REACHED:

SUCCESS

AS A TOUR PARTICIPANT, I WILL:

1. Conduct myself in a Christian manner at all times.
2. Dress in appropriate attire (Jeans, sweat suits, shorts and gym shoes may be worn on the bus for travel and during leisure activities, but not on college campuses).
3. Attend and be attentive at all campus conferences, tours and scheduled activities.
4. Wear my identification tag at all times (placed on the upper left side of my outer garment.)
5. Abide by the daily curfew as given by counselors.
6. Adhere to tour bus loading schedules and will only sit with a person of the same gender on the bus. (NO EXCEPTIONS)

SAFETY

7. Will not possess or use any form of tobacco.
8. Will not possess or use any weapon or toy weapon.
9. Will use the "Buddy System" at all times and will request permission.
10. Only visitors to my room will be of the same gender (**NO EXCEPTIONS.**)
11. Will not engage in any physical or verbal confrontations.
12. Will not leave the tour group to visit relatives. However, with written permission from the parent/guardian and submitted to the tour director prior to departure on the tour, a visitor(s) may visit when the group is at the hotel, college campus or during leisure activities.
13. Will not swim in any swimming pool while on the tour.
14. All carry-on bags are to be stored in the overhead compartment on the bus.
15. No book bags or back packs are to be carried on campus tours.
16. No student is to change room assignments without the consent of the tour director.

COMFORT

17. Be able to enjoy music by the use of earphones for walk-man type radio, tape, mp3 player, CD player or other electronic devices while riding on the bus. **No electronic devices are to be used on college campus visits.**

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In order to reach the goals, these guidelines must be adhered to. Consequences for non-adherence are as follows:

LEVEL ONE GUIDELINES 1, 2, 3, 4, 6, 13, 14, OR 15
REMINDER FROM A COUNSELOR.

LEVEL TWO GUIDELINES 5, 9, 12, OR 16
WARNING FROM COUNSELOR VIA MEETING. THREE WARNINGS CONSTITUTE A LEVEL THREE.

LEVEL THREE GUIDELINES 7, 8, 10 OR 11
MEETING WITH TOUR DIRECTOR TO ARRANGE FOR TRANSPORTATION HOME.

I, _____,

understand and agree to guidelines and consequences as outlined above.

Student's Signature

Date

Witnessed by Parent/Guardian

Date

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BLACK COLLEGE TOUR

ROOMMATE REQUEST FORM

NAME: _____
APPLICANT'S NAME

NAME: _____
ROOMMATE'S NAME

NAME: _____
ROOMMATE'S NAME

NAME: _____
ROOMMATE'S NAME

**HARTFORD MEMORIAL BAPTIST CHURCH
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BLACK COLLEGE TOUR

T-SHIRT ORDER FORM

NAME: _____

SIZE: _____

Note: One T-Shirt is included in the price of the tour.