Momentous Mentoring

DREAMS + MENTORSHIP = SUCCESS

Spring 2027

HBCU COLLEGE TOUR APPLICATION

Application Deadline: Friday, Dec 11, 2026

**** Must be postmarked by 12/11/2026 ****

Momentous Mentoring

SPRING 2027
HISTORICALLY BLACK COLLEGES AND UNIVERSITIES

OPEN TO HIGH SCHOOL SOPHMORES, JUNIORS, AND SENIORS with a minimum 2.5 GPA

Sunday, March 21, 2027 – Friday, March 26, 2027

ALABAMA A & M UNIVERSITY
SPELMAN COLLEGE
TENNESSEE STATE UNIVERSITY
FISK UNIVERSITY

CLARK ATLANTA UNIVERSITY
NORTH CAROLINA A & T UNIVERSITY
MOREHOUSE COLLEGE
ALABAMA STATE UNIVERSITY
TUSKEGEE UNIVERSITY

COST: $1,295.00 Per Person

Enjoy Round Trip Transportation on Luxury Motor Coach Bus
Quality Hotel Lodging
Three to four Students Per Room
15 Meals Provided

FLEXIBLE PAYMENT PLANS AVAILABLE: (1, 2 OR 3 PAYMENTS):

- Single Payment of $1295.00
- Two Payments of $647.50 (Includes Deposit)
- Three Payments of $432.00 (Includes Deposit)
- Final Payment due on or before **Friday, March 05, 2027**. **Bank Checks, Money Orders or Credit Card Payment by Special Arrangement only**

Make all Money Orders and Checks payable to Momentous Mentoring. Include Name(s) of the Student(s) on Check or Money Order. Mail all payments, application, and related materials via **REGULAR U.S. MAIL ONLY** to:

Momentous Mentoring
HBCU College Tour
7389 State Rd
Parma, OH 44134

Refunds within 7 days of receipt of initial deposit will be considered only if applications are incomplete and/or if the applicant fails to meet eligibility guidelines. If a student is accepted for the tour, a parent or guardian must accompany him or her to a MANDATORY ORIENTATION on Saturday, Februry 06, 2027 9:30-11:00 Seven11 Event Space 7389 State Rd, Parma, Ohio 44134 Emergency exceptions must be approved by the Committee Chairperson.

For additional information or to download an application, visit www.momentousmentoring.org; email cwilson@momentousmentoring.org or call the HBCU Committee Chairperson at (216) 375-8784.

*Colleges/Universities subject to change

AT A GLANCE – HBCU TOUR FACTS

PROGRAM DESCRIPTION

Momentous Mentoring sponsors an annual week long tour of Historically Black Colleges and Universities (HBCUs). The Tour aligns with both the 2020 goal of the White House Initiative on HBCUs to increase graduation rates and the strategic national goals of Momentous Mentoring, in the areas of youth development and educational enrichment. The Tour affords students opportunities to communicate directly with college officials and, simultaneously, explore possible matches between institutions and their educational goals and career aspirations.

GOALS

1. To increase student awareness regarding the academic, cultural, social, and financial opportunities offered at HBCUs
2. To expose students to the nurturing and mentoring environments only offered by HBCUs, while providing students with opportunities to develop/advance their cultural pride

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COST OF TRIP INCLUDES:

TRANSPORTATION

- Round-trip Travel to **Historically Black Colleges/Universities** in four (4) states in six (6) days
- Luxuriously comfortable deluxe motor coach transportation including televisions, DVD players, current videos, reclining seats, and other amenities

LODGING

- **Three-Four students per room/quality hotels**
- Opportunity to select roommates in advance

MEALS

- **Fifteen (15) meals provided through planned, on-campus dining options**

SUPERVISION

- Adult chaperone/student ratio of 1:7
- Adult supervision and safety management provided 24 hours daily
- On-site security at each hotel during sleeping hours
- First aid and medication management supervised Nurse or Health Practitioner

ACTIVITIES

- **Question and answer sessions** with college admission officials
- **Opportunities for pre-arranged interviews with department heads/coaches**
- Follow-up discussions with well-versed college educated chaperones and HBCU alumni
- **Guided tours** of the campus conducted by college admission officials to include libraries, dining rooms, gymnasiums, classroom buildings, and some dormitories
- Opportunities to interact with trained student ambassadors
- Observation of campus activities (i.e., step shows or band presentations)
- Browse university bookstores and visit malls
- HBCU trivia games/prizes and supervised social gatherings.

PROHIBITIONS

No drug or alcohol use, smoking, gambling, room visitation from the opposite sex, profanity, weapons or violations of established dress code for on-site campus and museum tours.

MOMENTOUS MENTORING Shirt SZ:_____

HBCU SPRING TOUR 2027
REGISTRATION – PARENTAL CONSENT FORM
TYPE OR PRINT USING BLACK INK ONLY

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

NAME: Last First Middle			GENDER: **M F**
Street Address:			
City/State/Zip Code:			
Email Address (Parent):	Primary	Secondary	
PARENT Information:	Home Telephone#:	Work Telephone#:	Cell Telephone#:
STUDENT Information:	Date of Birth:	Cell Phone#:	Email Address:
Current High School:		How did you find out about the Tour:	
Current Grade:		Cumulative Grade Point Average (GPA):(**Must be 2.5 as of June 2026)**	

PART II –Students must provide a copy of his/her June 2026 REPORT CARD and a current high school ID/driver's license/passport/or other document that contains his/her name and a photo. (Applications without report cards will be considered incomplete.)

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. Submission of false information may result in non-acceptance on the HBCU Tour. As a condition of my participation in the HBCU Tour, I agree to abide by the rules of conduct and the guidance/directions of the Tour Coordinators/Chaperones. **I understand that serious acts of misbehavior on my part may result in my immediate dismissal from the Tour and return home at the expense of my parent(s)/guardian(s).**

Student's Name (Printed) **Student's Signature** **Date**

Please check the appropriate payment plan and read/sign the following agreement/permission:

___ Single Payment $1295.00 ___ Two Payments (Deposit $647.50) ___ Three Payments (Deposit $432.00)

I agree to make the final payment on or before March 05, 2027 by bank check, credit card or money order only. I understand that no monies are refundable 7 days after the first payment has been made; however, monies are transferable to another student. I have read and accept the conditions. My signature below and the enclosed non-refundable $250 deposit indicate that my child has my permission to participate in the HBCU sponsored by Momentous Mentoring Program

I/We _____ assume all risks and hazards of loss or injury of any kind that may arise in connection with such trips, except for gross negligence or intentional infliction of harm by the Initiatives, its officers, agents or employees. I/We _____ do hereby agree to release and hold harmless the Initiatives, The Joseph Legacy as well as Momentous Mentoring and , its officers, National Executive Board, employees, members, representatives, agents and assigns from any and all claims, costs, suits, actions, judgments, and expenses for any damage, loss, or injury to my child or damage to my child's property arising from my child's participation in field trips, other than damage, loss, or injury that results from gross negligence or intentional infliction of harm by the Initiatives,The Joseph Legacy and Momentous Mentoring, its officers, National Executive Board, employees, members, representatives, agents and assigns.

PARENT'S NAME (PRINTED) **PARENT'S SIGNATURE** **DATE**

MOMENTOUS MENTORING

PRINCIPAL, COUNSELOR OR TEACHER REPORT/CONSENT
TYPE OR PRINT USING BLACK INK ONLY

The applicant should fill in the section below and give this form to a teacher, 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 2.5 GPA by June 20264 to participate in this HBCU Trip.**

NAME OF STUDENT:		
Home Address:		
Name of High School:		
High School Address:		
Signature of Student		**Date**

TO THE PRINCIPAL, VICE PRINCIPAL, COUNSELOR OR TEACHER: Please complete and return this form to the above named student in a sealed envelope 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

	Dependability: Reliable, responsible, prompt, positive school attendance record.
	Maturity: Poised and displays emotional stability, positive social skills, sincerity.
	Behavior: Well-mannered, good judgment, responsive to directions/instructions.
	Work Habits: Industrious, motivated, independent, trustworthy.
	Attitudes: Positive thinking, open-minded, flexible, optimistic.
	Communication Style: Thoughtful, respects adults, listens well.
	Conflict Resolution: Settles conflict/disputes appropriately in lieu of physical or verbal aggression.

Please place official school seal in this box.

3. Comments:

If the applicant is outstanding or below average in any area, please provide written support for this opinion. Your documented comments are confidential and strongly encouraged.

_____

_____

4. Would you recommend this student for this one-week college tour?

___Recommend ____Recommend with Reservation ____Cannot Recommend ___No Basis for Judgment

Thank you for supporting this 4th Annual Trip of HBCUs, which assists students with making informed decisions re-garding their choices for higher education. Student participants have absolute responsibility for <u>independently</u> com-pleting all missed assignments. Your signature acknowledges consent for the excused absences and recommends par-ticipation for this student.

_____	_____	_____
Print Name and Title: Principal, Counselor or Teacher	**Signature/Date**	**Telephone #**

MOMENTOUS MENTORING

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

Type or Print Using <u>Black</u> Ink ONLY. Do Not Leave Anything Blank. **Use N/A Where It Applies**.
NOTE: This CONFIDENTIAL Information Will Be Used By the Registered Nurse/Health Practitioner Chaperone(s).

Full Legal Name (Student)_____

☐ **Male** ☐ **Female**

Date of Birth _____ **Age** _____

Street Address _____

City _____ **State** _____ **Zip** _____

PARENT CONTACT #s:		
Work Phone#	**Home Phone#**	**Cell Phone#**

Health Insurance Carrier _____

Provide a <u>COPY</u> of Insurance Card

☐ Primary Policy Holder's Name/Policy#

_____

☐ Secondary Policy Holder's Name/Policy #

_____

☐ Military Dependent Policy Holder's Name/Policy #

_____

Print Name of Primary Care Physician _____ **Phone** _____
AREA CODE/NUMBER

EMERGENCY CONTACT (Print Name):		
Work Phone#	**Home Phone#**	**Cell Phone#**

MOMENTOUS MENTORING

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.):

_____

_____

_____

I hereby certify that all statements made herein are correct and true. I will hold harmless the Joseph Legacy and Momentous Mentoring from 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.
In addition, the student MUST bring the actual Insurance Card and a current photo ID on the Tour.

COLLEGE TOUR CHECKLIST

Please Use the Following Checklist to Ensure That ALL Required Items Are Submitted with the Application:

- **All Questions Must Be 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, Guidance Counselor or Teacher Report/Consent.**

  (Be sure that the high school official signs where indicated and includes official school seal.)

- **1 Teacher letter of recommention**
- **Attach a legible copy of School ID Card.**
- **Attach a legible copy of the June 2026 Report Card.**
- **Include a legible 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.)

- **Send Deposit and All Other Required Forms via Regular US Mail ONLY**

  (Do NOT send via certified, registered, overnight or return receipt requested mail.)

The Initial DEPOSIT and Completed Application Package (Report Card, Health Forms, School ID and Consent Form, and Health Insurance Card) Are Required to Reserve Space on This Tour. Failure to Include Any of These Required Documents Will Constitute an Incomplete Application.

Make Check Payable to Momentous Mentoring and Include the Student(s)'s Name(s) on the Check or Money Order. Personal or Bank Checks and Money Orders Accepted for Initial Deposit, Second and Third Payments Only. The Final Payment will be Due On or Before **Friday, March 05, 2027** via Bank Check, Credit Card or Money Order Only.

NO PERSONAL CHECKS OR CASH ACCEPTED for the Final Payment.

Mail all payments, application, and materials to:

MOMENTOUS MENTORING
HBCU College Tour
7389 State Road
Parma, OH 44134

Buses Depart from:

Saks - Beachwood Place

HBCU Committee Chairperson via phone (216-375-8784) or email (cwilson@momentousmentoring.org)

For Further Information, contact:

Pick up at:

Saks Beachwood Place