

Zeta Iota Iota Chapter of Omega Psi Phi Fraternity, Incorporated in partnership with Zeta Iota Iota Foundation

Presents: Hervie Blyther Memorial Historically Black Colleges & Universities Tour

OPEN TO ALL HIGH SCHOOL STUDENTS:

April 13th thru April 17th, 2025

Observe Campus Life First-Hand at The Following Prestigious Universities:

North Carolina Agricultural & Technical State University (NCAT)

Bennett College

Norfolk State University

Hampton University

Elizabeth City State University

University of Maryland Eastern Shore

Delaware State University

Lincoln University

Cheyney University

COST: \$500.00

Registration Includes: Transportation, Lodging, Meals, HBCU Tour Shirt To reserve a seat, you must make a payment, submit a completed application with all required forms signed, and provide a copy of your most recent report card.

All Payments are due on or before Monday, March 31, 2025

Application and all related materials must be submitted via email: <u>ziihbcutour@gmail.com</u>
Acceptable forms of payment: **Money Orders, Checks, Cashapp and or Paypal**

For More Info: Zeta Iota Iota Chapter Omega Psi Phi Fraternity P.O. Box 28967 Philadelphia, PA 19151 Attn: HBCU Tour Committee ziihbcutour@gmail.com Kashief (Kevin) Smith (267)-968-3238 kashief27@gmail.com Zachary Rollins (267) 210-5730 zrollins@cvca-pa.org Stefan Jordan (267) 982-3460 hchsales@aol.com



HBCU TOUR FACTS AT A GLANCE

PROGRAM DESCRIPTION

The Zeta Iota Iota Foundation, in partnership with the Zeta Iota Iota Chapter of Omega Psi Phi Fraternity, Incorporated, sponsors an annual tour of Historically Black Colleges and Universities (HBCUs). In alignment with the national goals of this esteemed organization, the tour promotes the fraternity's focus on youth development and educational enrichment. This initiative provides students with opportunities to engage directly with college officials while helping them align their educational goals and career aspirations with institutions of higher learning.

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 and
- 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 several Historically Black Colleges/Universities through different states on the Eastern Seaboard.

Luxuriously Comfortable Deluxe Motor Coach Transportation with Televisions, Videos, Reclining Seats and Other Amenities

LODGING

Three to Four Students per Room in Quality Hotels Opportunity to Select Roommates in Advance

MEALS

Breakfast, Lunch and Dinner at the hotels and universities on the itinerary

SUPERVISION

Adult Supervision with maximum Chaperone/Student Ratio of 1:10 All Chaperones have Criminal Background, Child Line, and FBI Security Clearance on file Hotel Staffed Security during Sleeping Hours

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. Opportunity to Interact with Trained College Student Ambassadors. Browse University Bookstores. Opportunities for Study/Homework Supervised Social Gatherings (Games, Music, Movies, etc.) at hotel

SPECIAL NOTATION: 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



HBCU TOUR 2025: REGISTRATION – PARENTAL CONSENT FORM

| PART I - All inform | nation in th | is sect | ion re | lates t | o the s | studer | nt. | | | | |
|--|--|---------------------------------------|---|---|---|-------------------------------------|---|--------------------------------------|-------------------------------|---------------------|---------------------------------------|
| | F | First | | Mide | dle (In | itial) | | Last | | Gend | er: |
| Student Name: | | | | | | | | | | M | F |
| Address: | | | | • | | | | | | | |
| City/State/Zip Code: | | | | | | | | | | | |
| Student Email | | | | | | | | | ı | | |
| Address: | | | | | | | | | | | |
| Home Telephone #: | | | | Cell I | Phone | #: | | | | | |
| Date of Birth: | | | | | | | | | | | |
| School Currently Attending: | | | | | | | | | | | |
| Current Grade: | | | | Cumu | ılative | Grade | e Point A | verage (GP | PA): | | |
| PART II - Provide a c | | | | | | | | | high s | schoo | l ID card |
| (Applications without | | s will b | e retur | rned ar | nd con | sidere | d incomp | lete.) | | | |
| List Colleges of Intere | est: | | | | | | | | | | |
| Intended Major/Caree | r Interest: | | | | | | | | | | |
| Indicate Prior Particip | ation in a C | College | Tour: | Yes | No | | | | | | |
| ==If Yes, Where: | | | | | | | | | | | |
| Standardize Test Experience: | | PSAT | | SAT | | , | | ACT | | | |
| PART III - STUDEN | TACDEE | MENT | F and | DADE | 'NIT'A I | [CO | NCENT | | | | |
| I HEREBY CERTIFY my knowledge. Submiss of my participation in th of the Tour Coordinators being immediately disp | that all state sion of false e HBCU To s/Counselors | ments inform ur, I ago a. I und | made h ation m ree to a lerstan | erein, an ay resumbide by the desired the | and on ult in n y the ru seriou | any att on-accules of as acts | tachments eptance of good con- of misbel | on the HBCU duct and the havior on m | Tour guida y par | As a nce/d t may | a condition irections result in |
| Print Student's Name | | | | | Stude | nt's Si | gnature | | | Da | ate |
| | | | | | | | | | | | |
| I agree to submit a \$200 acknowledge that only Munderstand and accept the Print Parent/Legal Gu | Money Order nat all deposi | s, Chec its are r | cks, Ča | shApp, | and P | ayPal a | are accept | able paymen | ıt metl | hods. | I fully |
| Signature: | | | | | | | Date: | | | | |
| Email: | | | | | | | Phone: | | | | |



HBCU TOUR 2025: PHOTOGRAPH, MEDIA, AND VIDEO AUTHORIZATION RELEASE FORM I, ______, Parent/Guardian, on behalf of ______ ("Participant Minor Child") give permission for the Zeta Iota Iota Foundation and Zeta Iota Iota Chapter Omega Psi Phi, Incorporated to publish on the Internet or media still photographs or moving images, including, if applicable any sound recordings accompanying the images ("Images") taken of my child during participation in HERVIE BLYTHER MEMORIAL HBCU TOUR, without payment or any consideration and without notifying me in advance. I also give permission for the Zeta Iota Iota Foundation and Zeta Iota Iota Chapter Omega Psi Phi, Incorporated to highlight my child's achievements and activities in efforts to promote program through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media without payment or any consideration and without notifying me. I understand and agree that these images will become the property of the Zeta Iota Iota Foundation and Zeta Iota Iota Chapter Omega Psi Phi, Incorporated, which shall have complete ownership of the images. I hereby irrevocably authorize to publish or distribute these images for the purpose of publicizing the any programs, including Youth Initiative Programs or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my child's likeness appears. Additionally, I waive any rights to royalties or other compensation arising out of or related to the use of the images. I hereby hold harmless and release and forever discharge Zeta Iota Iota Foundation and Zeta Iota Iota Chapter Omega Psi Phi, Incorporated and any of its officers and members; Omega Psi Phi Fraternity, Incorporated; its officers; National Executive Board; employees; members; representatives; agents; and assigns from any and all claims, costs, suits, actions, judgments, and expenses which my child, his/her heirs, representatives, executors, administrators, or any other persons acting on his/her behalf have or may have by reason of the use of the images. This release specifically includes, without limitation, a complete release and discharge of any liability by virtue of any editing, distortion, alteration, or optical illusion, whether intentional or otherwise, that may occur or be produced in the taking of or editing of said Images unless it can be shown that such was maliciously caused, produced and published solely for the purpose of subjecting my child to conspicuous ridicule, scandal, reproach, scorn, and indignity. I hereby certify that I am the



reservation to the foregoing on behalf of my child.

Parent/Guardian Signature:

Parent/Guardian, and I am authorized legally to give this consent, and do hereby give my consent without

HBCU TOUR 2025: HIGH SCHOOL COUNSELOR REPORT

Please Print or Type

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 payment.

All Students must maintain a minimum 2.0 GPA to participate in the HBCU Tour.

| Name of Student: | | | |
|---|--------------------------|------------------------------------|------------------------------|
| Home Address: | | | |
| Name of High School: | | | |
| Address of High School: | | | |
| Signature of Student: | | | Date |
| | | AL OR PRINCIPAL: Please | |
| information and return th | is form to the studen | nt for inclusion with the HBC | U Tour Application. |
| | | nded or dismissed from high so | |
| | 2 Average 3 – B | Below Average 4 – No Basis | for Judgment |
| | • | compt, Positive School Attendance | |
| · | 1 2 | ability and Positive Social skills | |
| Behavior: Well ma | nnered, Good Judgme | ent, Responsive to Directions/Inst | tructions |
| Work Habits: Inde | ustrious, Motivated, In | dependent, Trustworthy | |
| Attitudes: Positive | thinking, Open-minde | ed, Flexible, Optimistic | |
| Communication St | tyle: Thoughtful, Resp | ects Adults, Listens Well | |
| Conflict Resolution | n: Settles Conflict/Disp | putes Appropriately in Lieu of Pl | hysical or Verbal Aggression |
| 3. Comments: If the application opinion. Your comment | | oelow average in any area, please | e document support for this |
| 4. Would you recommend | | | |
| RecommendRe | commend with Reser | vationCannot Recommen | dNo Basis for Judgment |
| | | | |
| fficial School Personnel's | Signature Ti | itle | Date |
| | | | |
| | | | |

HBCU TOUR 2025: SCHOOL CONSENT FORM

Please Print or Type

The Principal and Teachers of:

| Student's Name: | Date: |
|----------------------|-------|
| | |
| Student's Signature: | |
| | |

By allowing students to participate, you assist them in making informal decisions needed to influence their choices for higher education. Students participating in the tour have absolute responsibility for independently making up all missed assignments. As such, please indicate if you expect educational projects to be completed during this period with the understanding that the student must be independently responsible for this work.

Principal: Please sign consent for the excused absence for the above-named student.

| Therput: Trease sign consent for the excused absence for the above named student. | • |
|---|-------|
| Principal's Name: | Date: |
| i inicipal s ivaine. | Date. |
| | |
| | |
| Principal's Signature: | |
| i interpur s signature. | |
| | |
| | |

Classroom Teachers: Your signature acknowledges that you have been informed that this student will be absent from your class to attend the Tour of Historically Black Colleges and Universities and/or that you expect this student to be independently responsible for completing assignments during this period of time.

| Module | Subject | Teacher's Signature | Anticipate Assignments | |
|--------|---------|---------------------|------------------------|----|
| | | | Yes | No |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |

HBCU TOUR 2025: MEDICAL AND EMERGENCY CONTACT INFORMATION

The information requested on this form is confidential and for emergency use only. In the event of an emergency, I give permission for my child information to be released for emergency purposes. I also agree that any of my emergency contacts listed on this card may be notified in an emergency, as needed.

| STUDENT INFORMATION: | | | | |
|--|-----------------------------|--|--|--|
| Student's Name: | | | | |
| Address: | | | | |
| City | Zip: | Phone Number: | | |
| EMERGENCY CONTACT INDalternative contact persons who | | se provide information for primary and ease of an emergency. | | |
| Name of Primary Contact: | | Relation: | | |
| Address: | City: | Zip: | | |
| Primary Phone: | Altern | nate Phone: | | |
| Name of Alternative Contact: | | Relation: | | |
| Address: | City: | Zip: | | |
| Primary Phone: | Alternate Phone: | | | |
| MEDICAL CONDITIONS/ISS allergies. etc | <u>UES:</u> Please list any | medical issues the student may have; i.e. asthma, | | |
| | | | | |
| Parent/Guardian Signature: | | Date: | | |





The following items must be completed and submitted with the initial application, report card, payment, and all other requested forms on.

- · All questions answered completely Do Not Leave Any Blank Spaces
- · Registration Parental Consent Form
- · Photograph, Media, and Video Authorization Release Form
- · High School Counselor Report
- School Consent Form
- Medical and Emergency Contact Information Form
- Copy of School ID Card
- Copy of the most recent Report Card
- · Copy of a Valid Health Insurance Card
- Registration Package will not be accepted after Monday, March 31, 2025
- · All documents must be submitted via email: ZIIHBCUTOUR@GMAIL.COM

The \$500.00 Payment and Completed Application Package (Report Card, Health Forms, School ID, Health Insurance Card, School Consent Form and Counselor Report) are required to take this tour. Failure to include any of these required documents will be considered an incomplete application.

Payment and Completed Application Are Both Due on or Monday, March 31, 2025 Make Check Payable to information below <u>and</u> include the Student's Name on the Check or Money Order

Total Payment of \$500.00 Due on or Before Monday, March 31, 2025.

No personal checks will be accepted after March 15, 2025

Make all checks payable to: Zeta Iota Iota Foundation

For further information

Zeta Iota Iota Chapter
Omega Psi Phi Fraternity, Incorporated
HBCU Tour Committee

ziihbcutour@gmail.com

Kashief Smith @ (267) 968-3236
Stefan Jordan @ (267) 982-3460

