Black Male College Explorers Program Application  
June 7th – July 10th, 2015

**PURPOSE:**

To prevent black males from dropping out of high school, facilitate their admission to college and significantly increase their chances of earning a college degree.

**SUMMARY:**

Florida Memorial University’s “Black Male College Explorers Program” is an at-risk intervention program designed specifically for black males. High schools and middle schools are asked to identify “At-Risk” black males, grades 7-12. A team of school and community leaders provides supportive services for the students during the regular school year. Additionally, Florida Memorial University provides five (5) weeks of highly concentrated developmental summer experiences in an on-campus, residential program. An appropriate number of high-school and college professors are hired to teach S.T.E.M. subjects, which include Science, Technology, Engineering, and Mathematics. Personal growth and developmental activities are provided through weekly seminars and workshops.

**ELIGIBILITY REQUIREMENTS:**

A potential participant -- a high-school black male who is a rising 7th-, 8th-, 9th-, 10th-, or 11th-grade student at the beginning of the summer session – must have the following to be eligible for the program: a depressed grade-point average that does not adequately represent the potential of the student; a history of disciplinary problems or the propensity to display irregular behavior; an expressed interest in the program; any unique situation/problem that makes him potentially at-risk. Participants must also have a willingness to consider post-secondary education after high school.

**COST:**

Students selected by participating schools must pay a $300.00 Registration Fee.

The entire APPLICATION MUST BE COMPLETED, “no exceptions,” and mailed with an official copy of the student’s transcript.

Fee(s) are subject to change without notice.
BACKGROUND INFORMATION: ( Entire Application Must Be Completed)

Name: ________________________________
Last           First           M. I.
Nickname/Optional

Home Address: ___________________________ Home Phone: ___________________________

Social Security Number: __ / __ / Date of Birth: ___________________________

Age: ___________ Sex: ___________ Ethnic Background: ___________________________

City: ____________________ State: ___________ Zip: ___________________________

Person to Contact in Case of Emergency: ____________________________

Relation to Student: ____________________ Phone: ___________________________

Address: ______________________ City: ___________ State: ___________ Zip: ___________________________

Email Address: __________________________

Shirt Size: ___________

Check area(s) of interest:

[ ] Business            [ ] Natural Science
[ ] Social Science       [ ] Mathematics
[ ] Education           [ ] Art
[ ] Aviation             [ ] Music
[ ] Computer Science     [ ] Journalism

Other profession: ____________________________

List the organizations to which you belong and the honors you have received:
________________________________________________________
________________________________________________________

Special Skills/Hobbies: ____________________________
________________________________________________________
NOTE: The entire APPLICATION MUST BE COMPLETED

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List the organizations to which you belong and the honors you have received:

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<th>Special Skills/Hobbies:</th>
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List work or volunteer experiences relevant to your professional interests: (Use back of this page if needed)

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<tr>
<th>Position(s)</th>
<th>Duties/Responsibilities</th>
<th>Dates</th>
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An official copy of the student’s transcript – which must accompany this application -- is required to process the application.
ESSAY: (Please Submit in Paragraph Form)
Please have student write a one-page essay describing his interests and goals, both personal and professional. Include any information that you think is important for us to know. (Attach the essay to this application form. The essay should be type written and double-spaced.)

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DISCIPLINE RECORD:
Please attach a copy of student discipline record showing reasons given for referral and or actions taken.

COUNSELOR:


FACULTY RECOMMENDATION:
Please ask a teacher who is familiar with student’s work to complete the following section.

TEACHER:

Please indicate below the number of years you have known the applicant and, based on program criteria, why you think he would make a good candidate for the Black Male College Explorers Program (BMCEP) at Florida Memorial University. The following information should be included:

1. Why student is considered At-Risk.

2. List specific problems/reasons that influenced your recommendation of student to this program.

3. Include student academic performance (i.e. reading level etc.,).

4. List student’s specific characteristics that may include:
   a. quiet/talkative
   b. respectful/disrespectful
   c. friendly/hostile/pugnacious
   d. others as applicable

Name: ____________________________________________
Position: ____________________________________________
School: ____________________________________________
Phone: ____________________________________________
Date: ____________________________________________
INFORMATION TO BE COMPLETED BY PARENT OR GUARDIAN:

STUDENT NAME: ____________________________ DATE: ________________

PARENTS CONCERN REGARDING SON’S BEHAVIOR:

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<tr>
<th>☐ ACADEMIC PERFORMANCE</th>
<th>☐ BEHAVIOR IN SCHOOL</th>
<th>☐ BEHAVIOR AT HOME</th>
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<tr>
<td>☐ SELF ESTEEM</td>
<td>☐ SELF CONTROL</td>
<td>☐ DISRESPECT</td>
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<td>☐ LANGUAGE (PROFANITY)</td>
<td>☐ CHOICE OF FRIENDS</td>
<td>☐ LAZINESS</td>
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<td>☐ NEATNESS</td>
<td>☐ DRUGS</td>
<td>☐ ALCOHOL</td>
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<td>☐ LATE HOURS</td>
<td>☐ OTHER (S)</td>
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PLEASE EXPLAIN:

________________________________________________________________________
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Households consist of (list members of the household, including yourself)

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<th>NAME</th>
<th>SEX</th>
<th>AGE</th>
<th>RELATIONSHIP</th>
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STUDENT INFORMATION SCHOOL RELEASE FORM

_________________________________________ is authorized to release academic history and applicable standardized test data (i.e. current report card, SAT 10, FCAT scores) of the student identified below to the Florida Memorial University’s Black Male College Explorers Program for educational purposes.

_________________________________________  ____________________  ____________________
Student Name  Grade  Date of Birth

Parent/Guardian Signature  ____________________
Date

Release of Information or Request for Review of Student Information

I hereby authorize ___________________________________________ to release the following portion of the records regarding my child.

School Name

Name: _______________________________  Birth Date: ___________  Grade: ___________

which includes:

- Educational data, including tests of intellectual process, and academic abilities, present levels of subject area performance, academic improvement plans, and individual educational plans.

I hereby authorize the exchange of information and records pertaining to the above named child between __________________________ and the Black Male College Explorers Program that have had significant contact with my child. Information will not be disclosed to any party except personnel with a legitimate educational interest without prior written consent of the parent or legal guardian.

_________________________________________  ____________________
Authorized Signature/Date  Relationship

_________________________________________  ____________________
Address  City/State/Zip
STUDENT CODE OF CONDUCT ACKNOWLEDGEMENT FORM

Student’ Name: ____________________________ Grade: ____________

I have received a copy of the Black Male College Explorers Program Student Code of Conduct (Parent/Student Handbook). I understand that these policies and disciplinary procedures will be enforced at Florida Memorial University Black Male College Explorers Program, therefore if I am found to be in violation of any of these policies, I can expect to receive disciplinary actions in accordance to this document.

Upon signing this form I agree to adhere to the disciplinary structure set forth by its tenets. I also agree to work to maintain the integrity of the Black Male College Explorers Program and the educational process set forth by the Black Male College Explorers Program administration, faculty and staff.

Student Signature: ____________________________ Date: __________________________

Parent/Guardian Name: __________________________________________

Name of Student: ____________________________ Grade: ____________

I have received a copy of the Black Male College Explorers Program Student Code of Conduct. I understand that these policies and disciplinary procedures will be enforced at the Black Male College Explorers Program, therefore if my child is found to be in violation of any of these policies, I can expect him to receive disciplinary actions in accordance to this document.

Upon signing this form, I therefore agree to enforce the compliance of the disciplinary structure set forth by the tenets. I also agree to work with my son(s) to maintain the integrity of the Black Male College Explorers Program and the educational process set forth by the Black Male College Explorers Program administration, faculty and staff.

Parent Signature: ____________________________ Date: __________________________

NOTE: Failure to return this acknowledgement form will result in withdrawal of the application to attend the Black Male College Explorers Program at Florida Memorial University. By signing this form, you are acknowledging that you have read and understood the guidelines as set forth in this document. Therefore, you will not be relieved of any of the responsibilities and/or disciplinary actions due to lack of knowledge of its content.
MEDICAL CONSENT FORM

I __________________________________________, parent, parent/guardian of (Student’s Name) by my signature below, grant authority to the staff of the Black Male College Explorers Program (BMCEP) to refer my child for preventive, corrective, routine and emergency medical and dental care as needed during the period he is associate with the project.

______________________________________________  ______________________________________ Date

List any current prescribed Medication: ________ None: __________

Does the student have any existing medical conditions of which we should be aware of?

Yes _____ No _____ (If Yes, please describe below.)

PHOTO CONSENT

Son’s Name: __________________________________________

______ You have permission to use my son’s picture/image in the yearbook.

______ Sorry, I do not want my son’s picture/image in the yearbook.

Parent’s Signature: __________________________________________

Date: __________________________________________

COUNSELING SESSIONS CONSENT

I __________________________________________, custodial parent/legal guardian of ____________ grant permission for the above-named child to participate in individual and/or group counseling sessions. I understand that the information disclosed in these sessions is privileged and may only be released to me with the written consent of my child.

BMCEP PARENTAL/GUARDIAN CONSENT STATEMENT FOR RELEASE OF STUDENT RECORDS

The Black Male College Explorers Program has my permission to periodically review the Academic and Discipline Records of my child upon request, by letter or in person.

__________________________
SIGNATURE OF PARENT/GUARDIAN
Insurance Coverage Questionnaire

Please fill in this Insurance Coverage Questionnaire and return it as soon as possible. This will enable us to better serve your child’s needs.

Do you have insurance coverage for your child?  
Yes:  
No:  

If so, answer the following:

A. Does this insurance cover:

1. Hospital Care?  
   Yes  
   No  

2. Surgical Care?  
   Yes  
   No  

3. In Hospital Medical Care  
   Yes  
   No  

4. Accident Coverage?  

B. What is the name of the Insurance Company? (Please send a copy of Insurance Card)

C. Address of the Company:

(Street)  (City)  (State)  

(Zip)

D. Policy Number:

E. Effective Date of Policy:  
   Expiration Date of Policy:

F. When the Policy expires, will you renew it?  
   Yes  
   No  

H. Other features of your Insurance Coverage not described, such as dental or vision.

_________________________  _________________________
(Name of Child)  Signature of Parent(s)
ALTERNATE PICKUP/RELEASE FORM

The individual listed is authorized to pick-up my son(s) in my absence. (Must be completed and notarized before student can be released)

Alternate Pickup Name: ____________________________________________________________

Parent/Guardian Signature: ____________________________ Date: ___________________

For Notary Use Only (Please do write below this line)

__________________________________________

Sworn to and subscribed before me this ____________ date of _________________, 20___.

_______________________________________
Notary Signature

(To be completed by alternate pick-up person on site)

Alternate Person Driver’s License Number: ____________________________________________

Last 4 digits of Social Security: _____________________________________________________

Home Phone: ____________________________ Cell Phone: ____________________________

Signature: ____________________________ Date: ____________________________

Counselor/Dorm Supervisor Signature: ____________________________ Date: ____________________________
Thank you for your interest in the Black Male College Explorers Program (BMCEP). The deadline for the application for the Institute is March 31st, 2015 for Returning Students and April 30th, 2015 for New Students “No Exceptions.” Mail the completed application with an official copy of student transcript to:

Florida Memorial University  
Office of the President  
Black Male College Explorers Program  
15800 NW 42nd Ave  
Miami Gardens, Florida 33054  
(305) 626-3108 or (305) 626-3163  
Fax: (305) 626-3769

Shawn Davis, Director Black Male College Explorers Program:  
shawn.davis@fmuniv.edu

Kareem Coney, Special Assistant to the President/External Relations:  
kareem.coney@fmuniv.edu