



**Black Male College Explorers Program Application  
June 13<sup>th</sup> – July 3<sup>th</sup>, 2021**

**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 three (3) 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 (Summer Component):**

A potential participant a high-school black male who is a rising 9<sup>th</sup>-, 10<sup>th</sup>, 11<sup>th</sup>, and 12<sup>th</sup> 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 to participate in the summer (Phase II) must pay a \$250.00 Application Fee. (Non-Refundable)**

The entire APPLICATION MUST BE COMPLETED, "no exceptions."

**"Applications DEADLINE is May 17th, 2021.**

**Payment:**

- **Cash**
- **Money Order (FMU Black Male College Explorers Program)**
- **No personal checks**



**BACKGROUND INFORMATION:** (Entire Application Must Be Completed)

**Name:** \_\_\_\_\_  
Last
First
M. I.
Nickname/Optional

**Home Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**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:** \_\_\_\_\_

**T-Shirt Size:** \_\_\_\_\_

**Blazer/Sweater Size:** \_\_\_\_\_

**Check area(s) of interest:**

- |                        |                                       |
|------------------------|---------------------------------------|
| _____ Business         | _____ Mathematics                     |
| _____ Education        | _____ Music                           |
| _____ Science(s)       | _____ Law & Government                |
| _____ Aviation         | _____ Public Relations/Communications |
| _____ Computer Science |                                       |

**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**

<b>Please list current courses:</b>								
<b>Classifications (Presently) circle one:</b>								
	<b>07<sup>th</sup></b>	<b>08<sup>th</sup></b>	<b>09<sup>th</sup></b>	<b>10<sup>th</sup></b>	<b>11<sup>th</sup></b>	<b>12<sup>th</sup></b>	<b>FRS</b>	<b>N/A</b>
<b>Cumulative G.P.A.</b>								
<b>Test Scores</b>								
<b>Discipline Referrals</b>								
<b>Absentees</b>								
<b>Tardiness</b>								
<b>Suspensions</b>								
<b>Incarceration Record</b>								
<b>Current Class Schedule</b>								
<b>Expected Date of Graduation (month and year)</b>								
<b>List the organizations to which you belong and the honors you have received:</b>								
<b>Special Skills/Hobbies:</b>								
<b>List work or volunteer experiences relevant to your professional interests: (Use back of this page if needed)</b>								
<b>Position(s)</b>	<b>Duties/Responsibilities</b>						<b>Dates</b>	





**INFORMATION TO BE COMPLETED BY PARENT OR GUARDIAN:**

STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**PARENTS CONCERN REGARDING SON'S BEHAVIOR:**

<input type="checkbox"/> ACADEMIC PERFORMANCE	<input type="checkbox"/> BEHAVIOR IN SCHOOL	<input type="checkbox"/> BEHAVIOR AT HOME
<input type="checkbox"/> SELF ESTEEM	<input type="checkbox"/> SELF CONTROL	<input type="checkbox"/> DISRESPECT
<input type="checkbox"/> LANGUAGE (PROFANITY)	<input type="checkbox"/> CHOICE OF FRIENDS	<input type="checkbox"/> LAZINESS
<input type="checkbox"/> NEATNESS	<input type="checkbox"/> DRUGS	<input type="checkbox"/> ALCOHOL
<input type="checkbox"/> LATE HOURS	<input type="checkbox"/> OTHER (S)	

**PLEASE EXPLAIN:**

---



---



---



---



---



---



---



---



---



---



---

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

<u>NAME</u>	<u>SEX</u>	<u>AGE</u>	<u>RELATIONSHIP</u>



## 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  
\_\_\_\_\_ School Name  
Portion of the records regarding my child.

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 \_\_\_\_\_

\_\_\_\_\_ Home Telephone \_\_\_\_\_ If no telephone, please give a telephone number where you can be contacted \_\_\_\_\_



## 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.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**List any current prescribed Medication:** \_\_\_\_\_

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**





<b>Insurance Coverage Questionnaire</b>		
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:		
<b>A. Does this insurance cover:</b>		
1. Hospital Care?	Yes	No
2. Surgical Care?	Yes	No
3. In Hospital Medical Care	Yes	No
4. Accident Coverage?		
<b>B. What is the name of the Insurance Company? (Please send a copy of Insurance Card)</b>		
<b>C. Address of the Company:</b>		
_____		
(Zip)	(Street)	(City) (State)
<b>D. Policy Number:</b>		
<b>E. Effective Date of Policy:</b>	<b>Expiration Date of Policy:</b>	
<b>F. When the Policy expires, will you renew it?</b>	Yes	No
<b>H. Other features of your Insurance Coverage not described, such as dental or vision.</b>		

\_\_\_\_\_ (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: \_\_\_\_\_

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 *May 17<sup>th</sup>, 2021* “**No Exceptions.**” Mail the completed application to:

**Florida Memorial University  
Rashard Johnson  
Black Male College Explorers Program  
15800 NW 42nd Ave  
Miami Gardens, Florida 33054**

**Rashard Johnson, *Director Black Male College Explorers Program:***  
Office: 305-623-3163  
Cell: 786-831-2001  
Rashard.Johnson@fmuniv.edu