

#### **Black Male College Explorers Program Application**

2022-2023

#### **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 (BMCEP) is a post-secondary success program designed to stimulate and encourage young men in grades 6-12 to enhance their academic trajectories by engaging in mentored enrichment and extended learning opportunities.

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

First Name:	Last Name:	
Home Address:		
	Sex:	
Ethnic Background:		
Emergency Contact:	Relation to Student:	
Phone:	Address:	



Check area(s) of interest:
Business
Education
Science(s)
Aviation
Computer Science
Mathematics
Music
Law & Government
Public Relations/Communications
Other profession:  List the organizations to which you belong and the honors you have received:
Special Skills/Hobbies:
T-Shirt Size:
Blazer/Sweater Size:



Please list the current class schedule:	
Cumulative Grade Point Average (GPA):	
Expected Date of Graduation (month and year):	
List work or volunteer experiences relevant to your professional interests:	

# ESSAY: (Please Submit in Paragraph Form)

Please have the 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 typewritten and double-spaced.)



## INFORMATION TO BE COMPLETED BY PARENT OR GUARDIAN:

STUDENT NA	ME:					
DATE:						
PARENT'S CO	NCERN F	REGARDING	SON'S BI	EHAVIOR:	(please check off)	
Academic Perform	ance	Behavior in S	chool	Behav	vior at Home	
Self Esteem		Self Control	Self Control		Disrespect	
Language (Profanit	ty)	Choice of Frie	ends	Lazine	ess	
Neatness		Drugs		Alcoh	ol	
Late Hours	Late Hours					
Households as	angist of (	list mamban	of the he	washald i	noluding vourself)	
Households Co	onsist of (	iist member	s of the no	ousenoia, i	ncluding yourself)	
Name	Sex		Age		Relationship	



# 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	e	Date	
Release of Information	or Request for Review	w of Student Information	
I hereby authorize		to release the following	
	School Name		
Portion of the records regarding	g my child.		
Name:	Birth Date:	Grade:	
Which includes:			
• Educational data, including to present levels of subject area p individual educational plans.			



I hereby authorize the exchange of informat named child between	ion and records pertaining to the above- and the Black Male	
College Explorers Program that has had significant contact with my child. Informational will not be disclosed to any party except personnel with a legitimate educational interest without the prior written consent of the parent or legal guardian.		
Authorized Signature/Date	Relationship	
Address	City/State/Zip	
Home Telephone	Alternate Telephone Number	



## MEDICAL CONSENT FORM

I, parent, parent/guard	ian of
	Student Name
By my signature below, grant authority to the College Explorers Program (BMCEP) to refe corrective, routine, and emergency medical a during the period he is associated with the pr	r my child for preventive, nd dental care as needed
Signature of Parent/Guardian	Date
List any current prescribed Medication:	
Does the student have any existing medical condition	ns of which we should be aware?
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:	
ALTERNATE PICKUP/RELEASE	
The individual listed is authorized to pick up my son(s) in my absence.	
(Must be completed and notarized before a 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:	