The Get Ready HBCU (Historically Black Colleges & Universities) Tour will be from Wednesday, April 17th to Saturday, April 20th 2024.

The HBCU Tour includes visits in the Southern United States. The HBCU Tour is designed to expose 11th and 12th grade students to campus life and the value of attending a postsecondary institution. The HBCU Tour will provide an opportunity to support students to be graduate ready for college and career with global competencies for the 21st century, to foster learning for students that is accelerated to transcend disparities and ensure positive educational outcomes, and to provide rich educational and cultural experiences for students. The HBCU Tour provides students the opportunities to enhance their understanding of African American history through visits to landmarks and museums.

The HBCU Tour potential visits include:
- Georgia Tech
- Georgia State University
- Spelman College
- Morehouse College
- Clark Atlanta
- Emory University

Applications are due by Friday, February 23, 2024, at 3:00 p.m. Please turn in completed applications to the Get Ready Coordinator at your high school.

Student Requirements

Students must meet the following requirements:
1. Have a cumulative GPA of at least 2.8
2. To not be failing any current classes,
3. Have an attendance of at least 80% attendance in school and in classes

Personal Student Essays

Compose a one paragraph essay outlining the personal and academic benefits you anticipate from participating in the HBCU Tour. Discuss how this experience aligns with your educational goals and aspirations.

Additionally, craft a separate paragraph focusing on the historical background of one specific HBCU school from the tour itinerary. Explain why visiting this particular institution in person is meaningful to you and the significance and educational impact visiting it will have.
General Information

- Students will be expected to participate in all college visits and activities even if they do not align with their personal choices.
- Please be aware that students will not have access to long distance phone calls in their personal hotel rooms. The chaperones will kindly let a student call home or talk with a parent/guardian during the trip, however students will not be able to talk during a college visit or a scheduled group activity.
- Please be aware that students will be sharing a room with 1 other student. Females will be sharing rooms with females, and males with males.
- Lastly, please be aware that if a student misbehaves and does not abide by the contract that they have signed, they will be escorted home at any time of day and expenses will be charged to the parent/guardian. A chaperone will contact you at the number provided to let you know before leaving the college visit.
Get Ready HBCU Tour Student Application

Student Information

Name: _____________________________________ Date of Birth: ____________________________
High School: ______________________________ Student ID: ________________________________
Home Address: ___________________________ Grade: ____________________________
Phone #: _______________________________ Alt. Phone #: ______________________________
Email: __________________________________ Gender: _________________________________

Parent/Guardian Information

Parent/Guardian #1

Name: _____________________________________ Relationship to Student: __________________
Home Address: ______________________________ ___________________________________________
_________________________________________
Phone #: _______________________________ Alt. Phone #: ______________________________
Email: __________________________________

Parent/Guardian #2

Name: _____________________________________ Relationship to Student: __________________
Home Address: ______________________________ ___________________________________________
_________________________________________
Phone #: _______________________________ Alt. Phone #: ______________________________
Email: __________________________________
Emergency Contact Information

Emergency Contact #1

Name: _____________________________________  Relationship to Student: ______________________

Phone #: ___________________________________  ____________________________________________

Emergency Contact #2

Name: _____________________________________  Relationship to Student: ______________________

Phone #: ___________________________________  ____________________________________________

Student Health Information

Student does not have health insurance

Please make a photocopy of your current health insurance card and tape it in the space provided or give a copy to your Get Ready Coordinator.
Health Insurance Provider: ___________________________________________________________

ID #: ___________________________ Group: __________________________________________

Primary Clinic: _________________________________________________________________

Primary Clinic Phone #: _________________________________________________________

Name of Family Physician or Primary Doctor: _________________________________________

Please list out below any health problems or conditions that will require special attention or supervision on this trip.

Student Allergies: ________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Student Health Conditions: ________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Student Medications: ______________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Student Dietary Needs: ____________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

List any special instructions in the event of an emergency: _____________________________

_____________________________________________________________________________

_____________________________________________________________________________

*911 or emergency medical services will be called in the event of a medical emergency, and the student will be transferred to the nearest medical facility.*
Authorization for Administration of Medication

Parents/guardians asking school staff to give medications to their child must provide (written) permission every school year that has been signed by parent/guardian and the child’s health care provider.

Student: ______________________________________________________________________________

School:__________________________________ School Year: _______________ Grade: ______________

Physician/Licensed Prescriber’s Order for Administration of Medication by Trip Personnel

<table>
<thead>
<tr>
<th>Medical Condition</th>
<th>Medication</th>
<th>Dose</th>
<th>Time</th>
<th>Route</th>
<th>Possible Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other Considerations/Directions: __________________________________________________________

Start Date: _________________________________  Stop Date: __________________________________

*All authorizations expire at the end of the HBCU college trip.

Signature of Physician/Licensed Prescriber: ________________________________________________

Printed Name of Physician/Licensed Prescriber: _____________________________________________

Date: _________________________________________________________________________________

Clinic Address: _________________________________________________________________________

Phone #: ______________________________________________________________________________

Fax: __________________________________________________________________________________

Parent/Guardian Authorization

• I request that the above medication(s) be given during school hours as ordered by my child’s physician/licensed prescriber. I also request the medication(s) be given on field trips, as prescribed.
• I will notify the school of any change in the medication(s), (i.e., dosage change, medication is stopped, etc.).
• I give permission for the medication(s) to be given by school personnel as delegated, trained, and supervised by the school nurse.
• Legally, I may refuse to sign for the medication. If I refuse to sign, we will not be able to administer the medication at school.
• This consent may be revoked at any time, by sending a written notice to the licensed school nurse.

Parent/Guardian Signature: ________________________________________________________________

Date: ____________________________ Relationship to Student: _________________________________

*Medication must be supplied in original prescription bottle.

Permission for Release of Information

• I give permission for the trip staff to communicate, as needed, about my child’s medical condition(s) and the action of the medication(s).
• I give permission to the school staff to consult with my child’s physician/licensed prescriber about any questions regarding the listed medication(s) or medical condition(s) being treated by medication(s).
• I give permission for the physician/licensed prescriber to release information related to the above medication(s) and medical condition(s) to trip staff, if needed.

Parent/Guardian Signature: ________________________________________________________________

Date: ____________________________ Relationship to Student: _________________________________
HBCU College National Travel Student Agreement

Name (printed): _________________________________________________________________________________

High School: ____________________________________________________________________________________

Student ID #: _____________________________________________ Title of Trip: __Get Ready HBCU College Tour_

Student Agreement:
• I agree that this planned trip experience is an extension of my school classroom.
• I agree that the chaperones are responsible for helping me make the best of this learning experience.
• I understand and agree that chaperones will make decisions regarding my daily schedule, my permitted activities and my behavior while on this trip.
• I agree to follow the directions given me by the chaperones on this trip.
• I will show respect for all students, staff, college admissions representatives, hotel representatives, and all environments in which we visit or spend time.
• I understand that the college visit is like an interview and I will dress appropriately.
• I understand that school rules apply to this visit.
• I agree to meet the expectations for appropriate student behavior and to abide by all school policies, including the Citywide Discipline Policy, and policies regarding controlled substances and weapons, bullying, hazing, harassment and violence.
• I agree that I will not use any other controlled substance including any use of tobacco, Ecigs/vape pens, alcohol, or drugs while I am a participant on this trip even though the location of the trip might permit others of my age to use these substances legally.
• I understand and agree that my failure to follow the directions of my chaperone, or failure to follow district policies may result in my being sent home at my parent’s expense with a chaperone, and that my family will not be entitled to any reimbursement for any amounts we have paid for me to participate in this trip.
• I understand that I may not make any individual excursions during the term of this trip.
• I understand that I must remain with my assigned group and chaperone at all times.
• I understand that I am responsible for being in my hotel room at room time and adhering to the lights out/quiet hours.
• I understand that the Get Ready will NOT tolerate anyone from the opposite sex visiting or spending time in an enclosed area or hotel room at any time.
• I understand that I will be sharing a room with another person(s). I will be on my best behavior and make the best out of the living arrangements as this experience simulates a college roommate experience.
• I agree that I will ask chaperones for help to resolve any issues I encounter that might prohibit my successful completion of this trip.
• I understand that I represent myself, my family, my school, Get Ready, and my community on this trip, and will strive to represent them honorably at all times.
• I affirm that the sponsoring teacher or staff member has reviewed this agreement with me and answered all of my questions regarding it.

My signature means that I have gone over this document with a parent/guardian and I agree to abide by all of the policies and conditions listed. I understand that I am representing myself, my school, and Get Ready/GEAR UP and I will conduct myself as I would at a school event. I may not be eligible for future Get Ready/GEAR UP financial support or opportunities if my behavior does not meet school and program guidelines. I understand that if I do not abide by the contract, I will be escorted home at any time of day and my parent/guardian will be charged with the expenses.

Signature: ___________________________________________________ Date: _____________________________
HBCU College National Travel Parent/Guardian Agreement

Name (printed): _________________________________________________________________________________

High School: ____________________________________________________________________________________

Student ID #: _____________________________________________ Title of Trip: Get Ready HBCU College Tour

Parent or Guardian Agreement:

• I understand that my student will be under the care and control of the chaperones on this trip and that those chaperones will make decisions regarding the daily schedule.

• I understand that the chaperones are in charge of deciding the activities and educational experiences offered by this trip.

• I agree that my student will make no personal excursions during the term of this trip and is expected to travel with the group at all times.

• I understand and have knowledge of the activities and the inherent risks associated with those activities in which my child/ward will participate. These activities may include, but are not limited to walking, running, climbing, and field trips.

• I recognize that participation in program activities, even when well supervised and managed, poses an inherent risk to my child/ward, and I agree to assume such risk on behalf of my child/ward.

• I authorize Get Ready staff to contact me or/and my child using personal information to inform me about the program requirements, transportation, attendance, and behavior.

• I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release and forever discharge the camp or program, the Minnesota Office of Higher Education, the State of Minnesota and its employees, agents, officers, trustees and representatives (in their official and individual capacities) and any of the participating agencies, businesses, or organizations from any and all liability whatsoever for any and all damages, losses or injuries (including death) sustained by my child/ward or property or both, including but not limited to any claims, demands, actions, causes of actions, judgments, damages, expenses and costs, including attorney fees, which arise out of, result from, occur during, or are connected in any manner with my child/ward’s participation in this tour.

• I understand and agree that my student will be expected to abide by Get Ready expectations for appropriate student conduct at all times. I understand that my student’s conduct must comply with district policies regarding behavior, including the Citywide Discipline Policy and policies regarding controlled substances, weapons, bullying, hazing, harassment, and violence.

• I have reviewed these expectations with my student and we agree to abide by these policies and expectations.

• I agree that inappropriate behavior of my student may result in him or her being sent home with a Chaperone from the trip at my expense.

• I agree that any expenses for emergencies for my student will be paid by me. This includes, but is not limited to, long distance phone call charges incurred by or on behalf of my child/ward, extra land transportation costs including taxis, legal fees, medical fees, extra hotel or accommodation expenses and airline fees should the student be sent home before the rest of the group, or because the student’s condition does not allow the student to leave the destination with the group.

• I have disclosed all special health problems or disabilities of my ward that may require special attention or supervision on this field trip, and made provision for the safe handling of any medication required by my child.

• I authorize the program to administer reasonable first aid and/or obtain whatever medical treatment they deem necessary for the welfare of my child/ward. I agree I will be financially responsible for all charges and fees incurred in the rendering of said treatment. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

• I authorize the parents/guardian(s) listed in the application, as well as the emergency contact(s) listed, to pick up my child/ward.

• I hereby release all pictures or videos of my child/ward taken by the camp or program and/or the Get Ready/GEAR UP Program/Minnesota Office of Higher Education for promotional purposes and programming materials, for example but not limited to, pamphlets, newsletters, videos, etc.
I have read and agree to the following data practices:

**Tennessean Warning:**

In accordance with the Minnesota Government Data Practices Act, the Minnesota Office of Higher Education (OHE) is required to inform you of your rights as they pertain to the private information collected from you/your child/ward. When your child/ward register to receive a Get Ready/GEAR UP Summer Scholarship, the following information is collected: student name, student birthdate, student ID, student email address, student cell phone number, student grade, school, home address, home phone number, parent/guardian(s) name, relation and contact information, camp choice, and child/ward’s grade point average.

OHE Get Ready/GEAR UP collects this information on students to assist in the completion of the HBCU Tour applications and potential subsequent academic programming, and to evaluate and report on activities funded by Get Ready/GEAR UP. This data will be used by OHE Get Ready/GEAR UP staff to follow up with students on progress and their experience. You/your child/ward are not required to provide this information, however your child/ward will not be eligible for the Get Ready/Gear Up HBCU Tour. Information you provide is available to you and your child/ward, school staff, OHE Get Ready/GEAR UP employees, agents, and contractors, the legislative auditor, and upon court order.

Signature: ____________________________________________ Date: _____________________________

I am:        [ ] Parent to this student        [ ] Guardian of this student
Upon reviewing the student’s academic performance, attendance records, and previous application, it is my assessment that the student qualifies as a strong candidate for participation in the Get Ready HBCU College Tour.

Signature: ___________________________ Date: ___________________________

HBCU College Tour Counselor Form

School Name: _______________________________________________________________________

Student Name: _____________________________________________________________________

Grade Level: ___________________________ ID #: ________________________________

Counselor Information

Counselor Name: ___________________________________________________________________

Counselor Email: ___________________________ Counselor #: _________________________

Verification

Attendance Data

First Semester/Quarter: __________________________________________________________________

Second Semester/Quarter: __________________________________________________________________

HBCU Tour Applications

Schools: Date of Applications:

• Georgia Tech

• Clark Atlanta

• Spelman/Morehouse

• Emory

• Georgia State

Date of Applications: ___________________________________________________________________

Date of Applications: ___________________________________________________________________

Date of Applications: ___________________________________________________________________

Date of Applications: ___________________________________________________________________