



Iota Phi Foundation
Sylvester Pace Historical Black College Tour
PO Box 99274 Pittsburgh, PA 15233
412 329-8527

Dear Student:

Thank you for your interest in the 23rd **Annual** Sylvester Pace Historical Black College Tour, April 2-April 11 **“Stepping into the future with the Omegas.”**

The Iota Phi Foundation of Pittsburgh is a non-profit corporation that is organized and operated by professional, educated black men who volunteer their time to improve the quality of life for people in the greater Pittsburgh community. Since the tour inception, 900 plus high school students from the Pittsburgh area and neighboring counties have participated in visiting HBCU's.

Find out first hand about the history of black colleges & universities in the states like Georgia, Maryland, Delaware, North & South Carolina, Pennsylvania, Virginia and the District of Columbia. In addition, students will have an opportunity to visit African American historical sites.

Student must submit the following:

- High school transcript (**minimum 2.5 GPA**).
- Letter of recommendation from your teacher, counselor or community leader.
- A **300-word typed essay** about your aspirations beyond high school.
- A \$50 application fee via **money order made payable to Iota Phi Foundation**.
- Student must be available for a professional interview on the following dates **December 7 or 8, 2019, between the hours of 9:00 a.m. to 2:00 p.m.**

Attached is the application for the 2019-2020 Historical Black College Tour. Please complete the application packet in its entirety, application fee paid to Iota Phi Foundation and **return by October 31, 2019**, c/o Michael Harrell, Iota Phi Foundation, PO Box 99274 Pittsburgh, PA 15233. If selected, students must attend **three mandatory** orientations to be held at Mt. Ararat Baptist Church, East Liberty section of Pittsburgh on **January 18, February 1 & 8, 2020**. The total **cost for the tour is \$750.00**. Students selected for the tour **will be required to participate in a required fund raising activity**.

The members of Iota Phi Foundation look forward to meeting those interested in embarking on our 23rd annual “Sylvester Pace Historical Black College Tour.” I want to thank you in advance for your continued support of our annual college tour.



IOTA PHI FOUNDATION

Sylvester Pace

2019-2020 HISTORICAL BLACK COLLEGE TOUR APPLICATION

Return To: c/o Michael Harrell, Iota Phi Foundation PO Box 99274, Pittsburgh, PA 15233

Deadline Date: **October 31, 2019 Application Fee: \$50.00 Non-Refundable**

(Money Order Only made payable to Iota Phi Foundation)

Last Name _____ First Name _____ Sex _____
Home Address _____ Apt# _____
City _____ State _____ Zip code _____ Email Address _____

High School presently attending _____ Grade _____
Address _____ City _____ State _____ Zip code _____

Name of parent or guardian _____
Address if different _____
City _____ State _____ Zip code _____
Home telephone number _____ Work telephone number _____

Emergency contact person _____
Telephone number _____ Relationship to student _____

Are you currently involved in after school activities? If yes, please specify _____

Personal Health History (To be filled out by parent or guardian)

List any medications to be taken while on the tour: _____

General Information:

	yes	no		yes	no		yes	no
asthma	___/___		diabetes	___/___		high blood pressure	___/___	
convulsions/seizures	___/___		heart trouble	___/___		allergies	___/___	

List any physical or behavioral conditions that may affect or limit full participation in strenuous walking tours:

Name of primary care physician _____ Phone number _____
Personal health/accident insurance carrier _____ Policy No. _____

Note: Attach a photo copy of your child's medical card to this application.

Parent Authorization: This health history is correct so far as I know, and the person herein described has permission to participate in all prescribed activities, except as noted by me. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates. Therefore, I grant the program permission to provide any emergency medical services needed if such is necessary. I understand that this emergency treatment is to be covered by my medical insurance. It is further understood that this grants permission for the hospital to treat me.

Parent or Guardian's Signature _____ Date _____

Subscribed and sworn to before me this ____ day of _____, _____
Year _____ Notary Public _____