

APPLICATION

STUDENT NAME: Male Female

ADDRESS:

CITY, STATE, ZIP:

E-MAIL ADDRESS:

PHONE NUMBER:

HIGH SCHOOL + SCHOOL DISTRICT

GRADE LEVEL:

PERSPECTIVE MAJOR:

PARENT NAME:

Cashier Checks / Money Orders Only - Payable to:

Xi Kappa Lambda Education Foundation

Alpha Phi Alpha Fraternity, Inc.

P.O. Box 1522, Missouri City, TX 77459

Refund Policy

Written cancellations at least one month before departure: 100% less \$50

Three weeks before tour departure: 100% less \$150

Two weeks before tour departure: 50% refund

No refund less than two weeks before tour departure

How did you hear about the HBCU Tour?

circle one

• HS Counselor • Church • Family • Friend

Other: _____