



# The Brotherhood of Excellence Academy

## Saturday Enrichment Application 2022-2023

*“Ending fatherless generations by preparing young males for Empowerment,  
Entrepreneurship, Enlistment, Employment, and Enrollment”*

**Main Office Address:** 1314 W. Second Ave Suite A, Gastonia, NC 28052

### **Saturday Enrichment Enrollment Process 2022-2023**

*The mission of the Brotherhood of Excellence Academy is transforming young boys from traditionally underserved populations through a high quality, engaging, college preparatory program that results in closing the opportunity gap and graduates succeeding in college and life.*

Our nonpublic Saturday Enrichment programming will serve students in 6<sup>th</sup>-8<sup>th</sup> grade

**Mailing Address:** 301 West Main Ave, Box 832, Gastonia, NC 28053

252-549-0068

[www.brotherhoodofexcellenceacademy.org](http://www.brotherhoodofexcellenceacademy.org)

**Early Application due date: August 6, 2022**

**Final deadline: August 13, 2022**

The Corporation in compliance with federal laws, administers all educational programs, employment activities and admissions without discrimination because of race, religion, national or ethnic origin, color, age, military service, disability or gender, except where exemption is appropriate and allowed by law in accordance with The Brotherhood of Excellence Academy Constitution and Bylaws, Title VII of the Civil Rights Act, Title IX of the Education Amendment of 1972, the Age Discrimination in Employment Act (ADEA); Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA). Persons having inquires or grievances should contact the Board of Director Chairperson of The Brotherhood of Excellence Academy. Inquires may be forwarded directly to the office of Civil Rights 101 Marietta Tower, Atlanta, GA 30323, 404-221-2992.

1. RETURN COMPLETED APPLICATIONS BY **August 13, 2022**

All potential new students must return this application and a \$50.00 nonrefundable fee:

By mail:

The Brotherhood of Excellence Academy  
301 W. Main Ave  
Box 832  
Gastonia, NC 28053

In person: By appointment

By Email: [brotherhoodeacademy@gmail.com](mailto:brotherhoodeacademy@gmail.com)

Contact: Dr. Chameeka N. Smith with questions 252-549-0068 or  
[cnsmith931@gmail.com](mailto:cnsmith931@gmail.com)

**To pay online visit our website: [www.brotherhoodofexcellenceacademy.org](http://www.brotherhoodofexcellenceacademy.org) (Cash app, paypal, givelify)**

**Applications must be received no later than August 13, 2022, along with a non-refundable \$50.00 application fee**

2. Submit a work sample

**Question:** Why should you be selected to the BEA Saturday Enrichment Program?

Criteria: Students may submit any format to address the question above.

Examples:

- Drawing/artwork/dance/design/object
- Web 2.0 (presentation, website, blog, PowerPoint, Prezi, video, etc)
- Written sample
- Audio recording
- Others

3. Paperwork Reviewed

All applications must include the following additional documents:

- Student's health and/or behavior records (including probation reports if applicable)
- Student's immunization records and health insurance information
- Copy of student's birth certificate

4. Acceptance

Admissions decisions should be completed before August 24, 2022. Students will be contacted via email and/or by letter. The Brotherhood of Excellence Academy admission decisions are based on the following factors:

- The number of spots available
- Application information and student work sample
- Belief by staff that we can serve the student's academic needs and social-emotional needs
- Family members enrolled in the Saturday Enrichment Program

5. All nonrefundable monthly fees of \$99.99 are due by the 1st of the each month

*\*\*\*We do not refund for unattended sessions\*\*\**

**The Brotherhood of Excellence Academy,**  
*A Faith Based Education Center*  
**“Ending Fatherless Generations”**

**Vision**

Every Young Male will discover and fulfill their authentic destiny

**Mission Statement**

Our Academy will transform young boys from traditionally, underserved populations through a high quality, engaging college preparatory program that results in closing the opportunity gap and graduates succeeding in college and life.

*Ending fatherless generations by preparing young males for Enrollment, Enlistment, Entrepreneurship, Employment and Empowerment*

**Guiding Philosophy**

*Think R.E.D. Respect for All, Expect Excellence, Determined to Succeed*

**School Mascot**

*Eagle*

**School Colors**

Red and Black

**C.O.L.L.E.G.E**

*Collecting Organizing Leaders, Leading in Entrepreneurship Growth and Empowerment*

**Motto**

Enter to Learn, Exit to Lead

## **Ethical Code of Conduct**

Through the code of ethical conduct, The Brotherhood of Excellence Academy will seek to cultivate an environment that's conducive to training leaders towards leadership development, relationship building, and excellence. The purpose of the code of ethical conduct is to create a relational atmosphere among the Board of Directors, staff, volunteers and those served by the Corporation that reflects a culture and emphasizes skills of hand and integrity of heart.

### **Core Values**

- a) **Joy-** To have a positive, infectious and cheerful attitude while performing assigned task and responsibilities
- b) **Unity-** To work in harm toward a shared purpose and vision
- c) **Integrity-** To possess a commitment to truth and honesty, refusing to allow our character to be corrupted or compromised
- d) **Communication-** To interact with each other on matters of the Corporation in a respectful and timely fashion
- e) **Excellence-** to work with integrity with the highest degree of professionalism, productivity and skill
- f) **Servanthood-** To demonstrate true humility by seeking, serving and protecting the well being of others
- g) **Accountability-** To love, encourage and correct each other as we do the work of the Corporation, each taking responsibility for decisions and actions that impact the Corporation

### **Functional Values**

- a) **Enrichment-** To make something more meaningful; substantial or reward something; to improve academic achievement
- b) **Engagement-** To the degree of attention, curiosity, interest, optimism and passion that is shown when individuals are learning or being taught, the level of motivation individuals have to learn and progress
- c) **Empowerment-** the process of becoming stronger and more confident especially in controlling one's life or claiming one's right

## Core Academic Principles

Our core academic principles include but not limited to the following activities surrounding by the core academic principles of College Readiness, Career and Business Preparation, Intergenerational Leadership Principles and Social Justice Development.

1. **College Readiness:** Our academic programming will align with the ACT college readiness standards and the North Carolina Standard Course of Study state requirements. Students will experience personalized Project Based Learning and Experiential learning
2. **Career and Business Preparation-** Students will engage in hands-on activities, job shadowing, financial and economic literacy, seminars, workshop leadership series, guest speakers and community lectures. Students will also utilize their strength through a Personality assessment to further develop their career interest and exploration and social-emotional learning assessments to prepare for global citizenry.
3. **Intergenerational Leadership Principles-** Students will engage in a leadership development curriculum including but not limited to Dr. Tim Elmore Habitudes, the Ultimate Gift Project and The Leadership in Me by Stephen Covey. Students will experience both cultural and college visitation, discipleship, character development and leading across multiple generations.
4. **Social Justice Development-** Students will design and implement a social justice project to address an issue within their community. This project, in connection with black history, will allow students to complete a research paper, product and oral presentation.



The Brotherhood of Excellence Academy  
Saturday Enrichment Cost: \$999.99 (20 sessions)  
\$99.99 per month

The Brotherhood of Excellence Academy Saturday Enrichment Programming is committed to the vision of boys discovering and fulfilling their authentic destiny.

What: The Brotherhood of Excellence Academy

When: September 2022-June 2023 (2 Saturdays per month)

Who: Males in grades 6<sup>th</sup>-8<sup>th</sup>

Where: 1314 W. Second Ave Gastonia, NC 28052

Cost \$99.99 per month per child

The Brotherhood of Excellence Academy Saturday Enrichment programming cost includes the following:

- Snacks
- Materials, activities, resources
- Testing Materials
- Programming
- Excludes cost of field trips

\*\*\*The Brotherhood of Excellence Academy reserves the right to make adjustments prior to acceptance\*\*\*

\*\*\**We do not refund for unattended sessions*\*\*\*

# The Brotherhood of Excellence Academy Saturday Enrichment Application

**Directions:** To be completed by both student and a parent/guardian with accurate and complete data, omitting no requested information.

Full Student Name: \_\_\_\_\_

\*\*Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

## **❖ Student Contact Information**

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Cell phone: \_\_\_\_\_

Student Email address: \_\_\_\_\_

Your current school name: \_\_\_\_\_ County: \_\_\_\_\_

## **❖ Family Contact Information**

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Texts ok? \_\_\_\_\_ Yes \_\_\_\_\_ No

Texts ok? \_\_\_\_\_ Yes \_\_\_\_\_ No

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Father has legal access to records? Yes No

Mother has legal access to records? Yes No

Father is legal guardian of this student? Yes No\*

Mother is legal guardian? Yes No\*

### **\*Only if you answered No to these questions, complete the following information:**

Name of guardian: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you been legally appointed by the judicial system as this student's legal guardian? Yes No

If no, please provide a written explanation of any special situations and attached to the application

*\*\* Must provide a copy of the original birth certificate\*\**

**❖ Emergency Contact (non-parent/guardian)**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**❖ Medical Information:**

Insurance Company: \_\_\_\_\_ Policy or Group Number: \_\_\_\_\_

Will this student have active medical coverage July 1, 2022- June 30, 2023 \_\_\_\_\_ Yes \_\_\_\_\_ No

**Please attach the applicant's insurance card**

Primary Care Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Has this student ever received counseling services or mental health treatment? (Ex. Outpatient counseling, in home counseling, residential treatment, therapeutic day treatment, substance abuse or hospitalization for mental health issues).

\_\_\_\_\_ Yes\* \_\_\_\_\_ No

If yes\*, please provide all contact information:

Doctor name: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility Name and Location: \_\_\_\_\_

Doctor name: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility Name and Location: \_\_\_\_\_

**❖ Behavior Information**

Has this student had any issues with authority, including law enforcement official, truancy, school security or school administration? (ex. In school suspension (ISS), out of school suspension (OSS), juvenile detention, probation, expulsion from school) \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please provide all contact information:

School Administrator: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Worker Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Court Official/Probation Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Official: \_\_\_\_\_ Phone: \_\_\_\_\_

**Any additional information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



❖ **Academic History:**

Has this student ever received services from a Special Education/Exceptional Education Department (either in the form of an Individualized Education Plan/IEP or 504 plan) or at any time been evaluated for services? \_\_\_\_\_ Yes \_\_\_\_\_ No

Student's current grade: \_\_\_\_\_

Name of school currently attending: \_\_\_\_\_

Has this student ever repeated any grades? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Additional Schools Attended:**

Elementary Schools	Grades Attended	How well did you do academically
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Middle Schools	Grades Attended	How well did you do academically
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❖ **Parent/Guardian(s): In the space below, please describe concerns you have regarding your students' learning needs and issues. (Food Allergies, Dietary Concerns or Illnesses, etc.)**

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The Brotherhood of Excellence Academy faculty and staff make every effort to accommodate the implementation of IEP's and 504 plans. However, we are not required nor mandated to do so (Religious, Optional Saturday Programming). Based on a student's learning needs, we may not be able to accept or provide continued admission.

The Brotherhood of Excellence Academy may provide access to a professional counselor. However, we are not equipped nor mandated to serve students with significant mental, emotional, psychological, physical, behavioral or substance abuse issues. We also do not have a nurse on site and may not be able to administer medication.

Based on the severity of any issues listed above we may not be able or provide continued admissions.

Parent/Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_

# The Brotherhood of Excellence Academy Student Application

I understand publicity activities including photos, interviews, audio and visual recording may take place. I understand that these photos, interviews and audio-visual recording will be used on The Brotherhood of Excellence Academy or partnering agencies website and various social media outlets including but not limited to Facebook, Twitter Instagram in accordance with the laws and regulations of these respective organizations. I also agree with having this form electronically saved in the Brotherhood of Excellence Academy Google/SharePoint for each reference on field trips.

*I give permission for all applicant information to be reviewed by the Brotherhood of Excellence Academy.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**T-Shirt Size (Circle):**      S      M      L      XL      2XL      3XL      4XL

# The Brotherhood of Excellence Academy Student Application

## ❖ Informed Consent

**In the event that a participant needs minor medical care from The Brotherhood of Excellence Academy staff or more significant medical care from a qualified health care provider, including in rare cases possible hospitalization and/or surgery, the parent/guardian is asked to sign the informed consent form below.**

**In case of serious medical condition, The Brotherhood of Excellence Academy Executive Director or designee will make every effort to notify the parents, but the first priority may be providing care to the participant.**

Authorization to Consent to Health Care for Minor

I, \_\_\_\_\_, of \_\_\_\_\_ County, am the custodial parent having legal custody of \_\_\_\_\_, a minor child, age \_\_\_\_\_, born

\_\_\_\_\_. I authorize any adult(s) acting as agents (including official volunteers) or employees of The Brotherhood of Excellence Academy Saturday Enrichment Program and in whose care the minor child has been entrusted, to do any acts which may be necessary or proper to provide for the health care of the minor child, including, but not limited to, the power (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life-sustaining procedures.

**This consent shall be effective for one year from the date of the execution.**

Custodial Parent Signature \_\_\_\_\_

Date: \_\_\_\_\_

# The Brotherhood of Excellence Academy Student Application

## Student Code of Conduct

### Behavior Expectation:

I understand that students will be asked to comply with three behavior expectations:

1. Maintain an attitude of gratitude
2. Respect yourself and others
3. Be thy brother's keeper

### Consequences

I understand that the following consequences will be implemented for the students in the BEA Saturday Enrichment Program:

1. Parental contact/Student conference with the Executive Director
2. Dismissal from the program
3. All fees are nonrefundable

We reserve the right to suspend your child from the program should he becomes disruptive. If a child becomes disruptive, the parent will be called to pick up the child immediately.

Parent/Guardian Print: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Parent/Guardian telephone

Home \_\_\_\_\_ Cell/Work \_\_\_\_\_

## The Brotherhood of Excellence Academy Student Application

I understand that team member may discuss my confidential information as it relates to my current admittance and continued enrollment at The Brotherhood of Excellence Academy. I also understand that I have the right to revoke this authorization at any time and if I do, my participation in the Brotherhood of Excellence Academy will be terminated. Finally, I understand that this information is usually kept confidential and cannot be shared except under special circumstances. By signing this, I am giving the Brotherhood of Excellence Academy permission to discuss my records.

I also understand that the Brotherhood of Excellence Academy team (which can include Board of Directors, BEA leaders, faculty, staff, Executive Director/School Administrator and Volunteers) are not allowed to share this confidential information with people who are not team members unless:

1. There is a medical emergency
2. Request by law enforcement
3. Suspected abuse or neglect
4. The student has communicated hurting himself or others
5. A judge issues an order requiring the information to be released
  - a. The Brotherhood of Excellence Academy must do so to comply to warrant requirements

This authorization will terminate upon graduation or withdrawal from the Brotherhood of Excellence Academy.

By signing below, I agree that I have read this document, have been given the opportunity to ask questions and I fully understand it. I consent and request that all such persons or agencies accept a photocopy or facsimile of this authorization as valid authorization to give information or records.

Student Signature \_\_\_\_\_ SS# \_\_\_\_\_ Date \_\_\_\_\_

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

BEA Team member/witness \_\_\_\_\_

# The Brotherhood of Excellence Academy Student Application

## HIPAA

### Authorization For Release of Protected Health Information

Applicants Name (Student): \_\_\_\_\_ SSN: \_\_\_\_\_

1. I hereby authorize the use or disclosure of my (the applicant's) individually identifiable health information ("information") as described below. I understand and agree that this authorization is voluntary. I understand that if the corporation authorized to receive this information is not a health plan, health care clearinghouse or health care provider covered by federal privacy regulations, the released information may no longer be protected from further use or disclosure by federal privacy regulations and may be subject to redisclosure by the recipient(s).
2. Specific description of information covered by this authorization (including dates(s): This authorization shall include such information as it relates to my (the applicant's) emotional, mental or physical health and medical records. Mental health information to be disclosed includes immunization records, substance abuse evaluations, treatment recommendations, length of treatment, attendance records, diagnosis/assessment and treatment plan. Medical Information to be disclosed includes medical records and reports of patient history, diagnosis, evaluations and treatment including those related to developmental disability.
3. Persons or classes of persons authorized to make the disclosure or use of the information:  
(Please provide the name of healthcare providers releasing information)
  - Name and phone of healthcare provider:  
\_\_\_\_\_
  - Name and phone of healthcare provider:  
\_\_\_\_\_
4. Persons or classes of persons to whom disclosure of the information is to be made: The Brotherhood of Excellence Academy Corporation
5. The specific purpose of the use or disclosure of the information is: At the request of the applicant's admittance as a student to The Brotherhood of Excellence Academy
6. I understand that I may see and receive a copy of the information described on this authorization, if I request it in writing, and I have the right to a copy of this authorization.
7. I understand that I have the right to refuse to sign this authorization
8. This authorization will expire upon graduation or withdrawal from The Brotherhood of Excellence Academy
9. I understand that I may revoke this authorization at any time by notifying the healthcare providers releasing information (See question #3), in writing, except to the extent it has already taken action in reliance on this authorization. I further understand that my participation in The Brotherhood of Excellence Academy will be terminated if I revoke this authorization.
10. By signing below, I agree that I have read and have been given the opportunity to ask questions and I fully understand it. I consent and request that all such healthcare providers accept a photocopy, email or facsimile of this authorization as valid authorization to give such information or records.

Signature: Applicants (Student) \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: Applicant's Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: Applicant's Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Printed name of Applicant's parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Printed name of Applicant's parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

## The Brotherhood of Excellence Academy Student Application

**Required: Submit a work sample**

**Question:** Why should you be selected to the BEA Saturday Enrichment Program?

Criteria: Students may submit any format to address the question above.

**Examples:**

- Drawing/artwork/dance/design/object
- Web 2.0 (presentation, website, blog, PowerPoint, prezi, video, etc)
- Written sample
- Audio recording
- Others/Etc

# The Brotherhood of Excellence Academy Student Application

## ❖ Financial Information/Scholarship

**(Complete only if requesting a scholarship to attend our Saturday Enrichment Programming)**

All information must be completed and returned with the following attachments:

1. Income information, specifically a copy of parent/guardian's most recent federal tax return (Form 1040). If this is not available, we may also accept Social Security Agency information indicating assistance received over the previous months and/or letter of explanation with regards to the financial provision for the student.

**Note:** Income information is required for consideration of a scholarship

2. \$50.00 nonrefundable application fee required
3. Student submission of a work sample: What should you be selected to the BEA Saturday Enrichment Program?
4. Parents/Guardian who receive a scholarship are required to **serve 8 times per year** in one or more of the following roles:
  - a. Volunteer ( minimum of 2 hours to count toward their 8 required services)
  - b. Chaperone ( minimum of 3 trips to count toward their 8 required services)
  - c. Attend Empowerment Classes (2) or assist the Executive Director with administrative duties (minumum of 2 hours to count toward their 8 required services)

Failure to serve eight times per year will result in a loss of the scholarship from the Brotherhood of Excellence Academy. Parental scholarship recipients must complete 4 of their eight times prior to January of each year (by January 3rd, 2023).

**Failure to provide all necessary information or to provide honest answers may result in non-admission.**

Parent/Guardian Print: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Parent/Guardian telephone:

Home \_\_\_\_\_ Cell/Work \_\_\_\_\_



# The Brotherhood of Excellence Academy Student Application

Saturday Enrichment Programming: \$999.99 for the year or \$99.99 per month per child (10 months/20 sessions)

Non-Refundable Registration fee: \$50.00

**All nonrefundable monthly fees of \$99.99 are due by the 1st of the each month**

***\*\*\*We do not refund for unattended sessions\*\*\****

I have reviewed the information above and agree to pay the tuition cost as listed above if my student has been accepted to the program. I certify that I will pay my monthly payments and understand that failure to complete my monthly payment by the 1st of each month (August-June) will result in the termination of my child(ren) from the Brotherhood of Excellence Academy Saturday Enrichment Programming.

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

# The Brotherhood of Excellence Academy Student Application

## Checklist 2022-2023

\_\_\_\_\_ Application Submitted by August 6, 2022(early decision) or August 13, 2022 (final deadline)

\_\_\_\_\_ Current school and work sample included with the Application

\_\_\_\_\_ 2021 Tax documentation or most recent family income information **(Scholarship request only)**

\_\_\_\_\_ Application fee of \$50.00

\_\_\_\_\_ Additional documentation to The Brotherhood of Excellence Academy related to the student application

- Health and/or behavior records
- Immunization records and medical insurance information
- Copy of Birth Certificate and Insurance Card
- Most recent 1040 tax document and/or verification of income **(Scholarship requested only)**

Admissions decisions should be completed before August 24, 2022. Students will be contacted via email and/or by letter. The Brotherhood of Excellence Academy admission decisions are based on the following factors:

- o The number of spots available
- o Application information and student work sample
- o Belief by staff that we can serve the student's academic needs and social-emotional needs
- o Family members enrolled in the Saturday Enrichment Program