



The Brotherhood of Excellence Academy

Saturday Enrichment Application 2023-2024

*“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 2023-2024

Our nonpublic Saturday Enrichment programing will serve students in 6th-8th grade

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

252-549-0068

www.brotherhoodofexcellenceacademy.org

Early Application due date: September 1, 2023

Final deadline: September 8, 2023

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 **September 8, 2023**

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: DrSmith@brotherhoodofexcellenceacademy.org

Contact: Dr. Chameeka N. Smith with questions 252-549-0068 or

DrSmith@brotherhoodofexcellenceacademy.org

To pay online visit our website: www.brotherhoodofexcellenceacademy.org (Cash app, paypal, givelify)

Applications must be received no later than September 8, 2023, 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 September 12, 2023. 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 \$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 2023-June 2024 (2 Saturdays per month)

Who: Males in grades 6th-8th

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***

@2023 The Brotherhood of Excellence Academy

❖ **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, 2023- June 30, 2024 _____ 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
_____	_____	_____
_____	_____	_____

Middle Schools	Grades Attended	How well did you do academically
_____	_____	_____
_____	_____	_____

❖ **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.)**

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 (minimum 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, 2024).

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

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 (September-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 2023-2024

_____ Application Submitted by September 1, 2023(early decision) or September 8, 2023 (final deadline)

_____ Current school and work sample included with the Application

_____ 2023 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 September 12, 2023. 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