



H.B.C.U. Educational Tours & Programs Inc.

A CCGRP RVA LLC Program

“Bridging The Gap To Success”

“better to educate one, than to educate none”

PLEASE SUBMIT THE FOLLOWING INFORMATION WHEN REGISTERING:

1. Full legal name (last name, first name, middle initial). _____
2. Contact information (email address, phone number and home address to include street name and number, city, state and zip code). _____

3. Age. _____
4. High school presently attending (name, city and state). _____

5. Current grade level. _____
6. Expected year of graduation. _____
7. Current grade point average. _____
8. Are you presently taking college preparatory classes? If yes, please list. _____

9. Are you interested in a particular college or university? If yes, please list. _____

10. Please provide the area of study you would like to pursue. _____

PARENTS/LEGAL GUARDIANS:

1. Parents/Legal Guardians (last name, first name) _____

2. Contact information (email address, phone number and home address to include street name and number, city, state, and zip code) _____

Additional members of the household, interested in this opportunity, must complete a separate entry form.

All entries will be reviewed and upon acceptance, the participant and parents/legal guardians will be notified and provided further information.

NOTE: PLEASE SUBMIT YOUR REGISTRATION FOR TO hbcuedtours@thecrossleycolemangroup.com

PO Box 14951 * Richmond, VA 23221

1-844-499-3200 toll free

1-804-355-1006 local

“Work Hard In Silence, Let Success Make The Noise”