

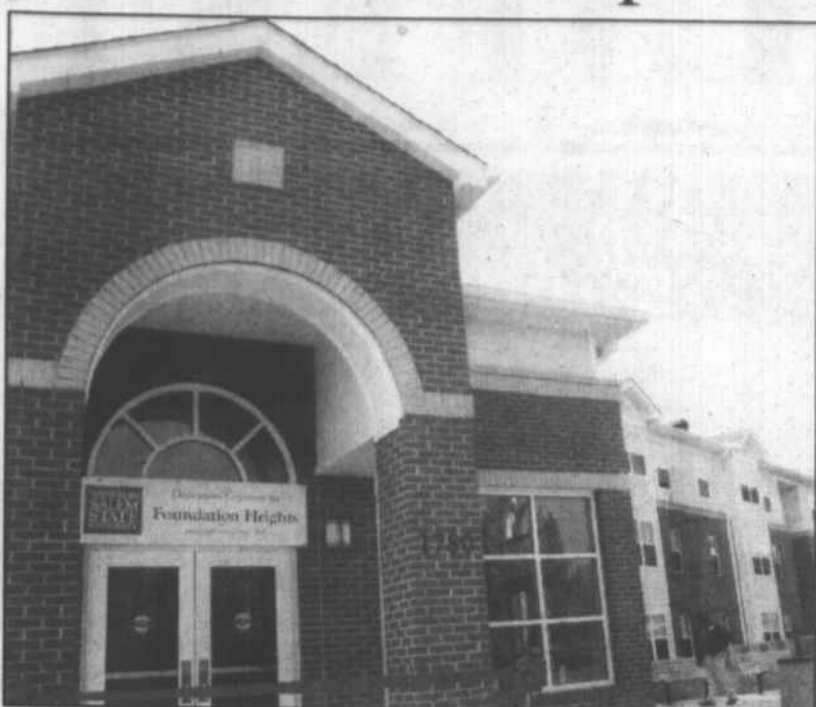
WSSU trying to find room for plentiful freshmen

SPECIAL TO THE CHRONICLE

Fall semester student enrollment at Winston-Salem State University will surpass the previous enrollment record of 1,083 freshmen, set in 2005, school officials said recently.

Preliminary new freshmen records show that more than 4,000 freshmen applications were received for fall 2008, and nearly 3,000 freshmen have been accepted. Using those preliminary figures, if historical matriculation rates occur, WSSU officials anticipate a new freshmen enrollment record could be reached this fall.

"This level of enrollment will increase the demand for university services, including on-campus housing, well beyond normal levels. College campuses nationwide are also experiencing unprecedented surges in on-campus housing requests," said Dr. Melody Pierce, WSSU vice chancellor for student affairs and enrollment services. "Winston-Salem State University is no exception to this national trend. On-campus housing demand is currently far



Even WSSU's newest dorm, Foundation Heights, won't provide enough space for all of its new students.

exceeding supply."

The anticipated record enrollment coupled with an unprecedented surge in on-campus housing requests has forced Winston-

Salem State University Housing and Residence Life officials to place up to 260 non-freshmen students in area hotels for the upcoming fall semester. Students will

only be charged the university rate for their hotel stay.

Any additional hotel costs, or costs for security services, daily shuttle transportation, and moving expenses to campus when space becomes available will be paid by WSSU. Students will not incur added costs. The university is committed to housing all new freshmen who choose to live on campus. Only WSSU sophomores, juniors and seniors will be impacted by the hotel stays.

To accommodate the surge, a number of on-campus students will be placed in alternative housing. Some of these alternative arrangements include placing students in the living areas of residence halls. Officials anticipate hotel stays may last through the fall semester.

Latinos

from page A8

the state, Latinos in North Carolina experience a disproportionate HIV burden.

According to reports from the Centers for Disease Control, Latinos have the second highest rate of AIDS diagnoses of all racial and ethnic groups. Latinos accounted for 20 percent of the total number of new AIDS cases reported in 2004 - almost four times greater than that for non-Latino whites. Rates of reportable sexually transmitted diseases also are higher among Latinos. In 2003, the rates of gonorrhea, chlamydia and syphilis were 2.2, 4, and 2 times higher among Latinos than among non-Latino whites, respectively. Many southern states, including North Carolina, consistently lead the nation in reported cases of AIDS and other sexually-transmitted diseases.

Rhodes said that he and co-investigator Dr. Aimee Wilkin, also of Wake Forest Baptist, hope to begin enrolling patients in the study this month. Over the course of the multi-year study, they plan to interview about 200 Latino Triad patients living with HIV or engaging in high-risk behavior, such as having sexual relations with multiple partners or not using condoms.



Pierce



Wilkin

Omegas

from page A1

Vereen. "(Because) we realized that a lot of young ... males did not have male figures in the household."

The boys engage in typical camping activities and hopefully, gain a little inspiration from the men along the way, Vereen says.

"You can see a change in the majority of them; just in the way they behave," he commented. "You can see what a week does being around positive, black men."

In fact, several current Omega men experienced the camp program when they were eight or nine years old, Vereen said.

The YMCA's Camp Hanes hosted the campers for the first time this year. The more than 75-year-old camp is located about 30 minutes away from Winston-Salem at the base of Sauratown Mountain.

Camp Hanes Director Val Elliot already has experience with the Omega camping program. He worked with the brothers and their proteges at the camp's previous location.

"One of the things that's always impressed me the most is how well behaved the children are," Elliot stated. "They really do a good job of instilling self confidence and discipline in these young men."

Aaron Ross, a rising sixth



Mia Anthony with her son, Silvester Aikhuele.



Camper Aaron Ross with his mother and little sister.

grader at Wiley Middle School, was among the boys chosen to participate in the camp this year. Ross, 11, connected with the Omegas through a tutoring program the brothers conducted at Latham Elementary last year.

Ross' mother said she was "ecstatic" when her son was invited to attend the camp.

"I think it's a good thing for him to be around positive role models," said Stephanie Little. "I just think that's what he needs."

Each Omega chapter sponsors one boy for every 10 members. The Winston-Salem chapter sent nine boys this year.

One day, eight year-old Silvester Aikhuele may be escorting groups of young

people to summer camp. He has already decided that he wants to become an Omega Man, according to his mother, Mia Anthony.

Anthony - a member of Omega's sister sorority, Delta Sigma Theta - said she feels fortunate that Aikhuele, a rising third-grader at Summit School, was chosen.

"I feel actually lucky because they only chose nine (boys) and to choose my son was a blessing," she said. "The brothers of Omega Psi Phi ... are positive men; I'm a single mom, and I wanted my son influenced by positive men. I hope they teach him a lot of many things that I can't teach him."



The campers and their families pray before departing.

Photos by Layla Farmer

Vaccines

from page A8

Advice for parents on vaccinations:

You should always talk to your pediatrician about vaccinating your child. While most children should be vaccinated, there are exceptions, and some children have special conditions, such as HIV or cancer, that prevent them from following a routine vaccine schedule. Your child's pediatrician should be aware of any existing medical conditions.

Always make sure you keep your child's immunization records up-to-date and keep their immunization card with you in case of emergency.

It is common for children to have a low fever and some swelling in the area of the injection in the 24 hours following a vaccine. If your child has more serious adverse reactions (for example: convulsions, fever higher than 105 degrees, difficulty breathing) after receiving a vaccine, inform your doctor immediately.

Germs and other disease-causing agents, for example bacteria, can spread very quickly in school settings. Assuring your children have all their vaccinations on time can help keep them and our communities healthy.

- Contribution by Sarah Langdon and Jaimie Hunter, MPH

Do you need further information or have questions or comments about this article? Please call toll-free 1-877-530-1824. Or, for more information about the Maya Angelou Research Center on Minority Health, please visit our website: <http://www.wfubmc.edu/minorityhealth>.

Children aged 0-6 years

Vaccine Name	Number of Doses and When to receive each dose
Hepatitis B	Dose #1 - Birth Dose #2 - between 1-2 months Dose #3 - between 6-18 months
Rotavirus	Dose #1 - 2 months Dose #2 - 4 months Dose #3 - 6 months
Diphtheria, Tetanus, Pertussis (DTaP)	Dose #1 - 2 months Dose #2 - 4 months Dose #3 - 6 months Dose #4 - between 15-18 months Dose #5 - between 4-6 years
Haemophilus influenzae type B	Dose #1 - 2 months Dose #2 - 4 months Dose #3 - 6 months Dose #4 - between 15-18 months
Pneumococcal (Pneumonia)	Dose #1 - 2 months Dose #2 - 4 months Dose #3 - 6 months Dose #4 - between 15-18 months
Inactivated Poliovirus (Polio)	Dose #1 - 2 months Dose #2 - 4 months Dose #3 - between 6-18 months
Influenza	Yearly, beginning at age 6 months
Measles, Mumps and Rubella (MMR)	Dose #1 - between 12-15 months Dose #2 - between 4-6 years
Varicella (Chicken Pox)	Dose #1 - between 12-15 months Dose #2 - between 4-6 years
Hepatitis A	2 Doses between the ages of 12-24 months. The doses should be at least 6 months apart.
Meningococcal (Meningitis)	1 Dose - age 2-10 years. This could change if your child has other illnesses or is at risk for meningitis for other reasons - check with your child's doctor.

Adolescents aged 7-18 years

Vaccine Name	Number of Doses and When to receive each dose
Diphtheria, Tetanus, Pertussis (DTaP)	Booster Dose - between 11-12 years Can be made up between ages 13-18 if needed.
Human Papillomavirus (HPV)	3 Dose series - between 11-12 years. Dose #2 two months after Dose #1, Dose #3 6 months after Dose #2. Can be made up between ages 13-18 if needed.
Meningococcal (Meningitis)	1 Dose - between 11-12 years (if not received before) Can be made up between ages 13-18 if needed.
Influenza	Yearly
Hepatitis B	Can be made up between 7-18 years if not received before.
Inactivated Poliovirus (Polio)	Can be made up between 7-18 years if not received before.
Measles, Mumps and Rubella (MMR)	Can be made up between 7-18 years if not received before.
Varicella (Chicken Pox)	Can be made up between 7-18 years if not received before.
Hepatitis A	May be recommended for young adults in high risk groups - discuss with your doctor if your child is in one of these groups.
Pneumococcal (Pneumonia)	May be recommended for young adults in high risk groups - discuss with your doctor if your child is in one of these groups.



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