



Summer Institute for the Gifted®

SUMMER INSTITUTE FOR THE GIFTED 2010 DAY PROGRAM APPLICATION

PLEASE NOTE: It takes approximately two weeks to review application materials to determine student eligibility. The student will receive an acceptance letter upon completion of the review.



**SAVE TIME - APPLY ONLINE!
WWW.GIFTEDSTUDY.ORG**

NOTES ON APPLYING:

- 1.) Use blue ink.
- 2.) Please print clearly.
- 3.) Fill out all 4 pages of this application in its entirety.
- 4.) If not paying by credit card, be sure to enclose your check or money order.
- 5.) New students must include documentation of eligibility.

SIG is the program of the:

NATIONAL
SOCIETY
FOR THE
GIFTED
& TALENTED

Please Print Clearly

1.) PLEASE INDICATE HOW YOU FIRST LEARNED ABOUT SIG

- Teacher/Counselor
 SIG Student
 Web/Newsletter
 Advertisement
 News Article
 Mailing
 Other _____

2.) STUDENT INFORMATION

First Name _____ Last Name _____ Nickname _____
 Address _____
 City _____ State _____ Zip Code _____ Country _____
 Home Phone _____ E-mail _____
 Date of Birth _____ Age during SIG Session _____ Gender: Male Female Grade in 09-10 school year _____
mo/day/year

3.) PARENT(S)/GUARDIAN(S) INFORMATION

1.) First Name _____ Last Name _____ Relationship _____
 Business Phone _____ Cell Phone _____ E-mail _____
 2.) First Name _____ Last Name _____ Relationship _____
 Business Phone _____ Cell Phone _____ E-mail _____

Student Resides with: _____

3.) SCHOOL INFORMATION:

School name _____ Independent Parochial Public
 Address _____
 City _____ State _____ Zip Code _____ Country _____
 Principal _____ G/T Coordinator or Counselor _____ Current (homeroom) Teacher _____

4.) SIG STATUS

Student is: New Returning (Returning students, please skip to section 5)

If this is your first year with the Summer Institute for the Gifted, you are required to include documentation of program eligibility. Please check the item(s) below that are enclosed to verify your eligibility:

- Academic Talent Search participation Standardized Test scores Letter confirming participation in local Gifted Program PSAT, SAT or ACT scores
 Other _____ Two Letters of Recommendation (forms available online at www.giftedstudy.org)

5.) PARENT/ GUARDIAN PERMISSIONS

Please check the "yes" box where permission is given or the "no" box where permission is not given.

I hereby grant permission for my child, while attending the Summer Institute for the Gifted to:

- Yes No change courses on his/her daily schedule without confirming the changes with parent or guardian. (For students grades 4-8 only)
 Yes No receive selected materials about other educational opportunities from organizations sanctioned by SIG.

6.) CAMPUS SELECTION

For information on a campus other than the one specified in this brochure, visit us online at www.giftedstudy.org

<input checked="" type="checkbox"/>	CAMPUS	LOCATION	FEE	SESSION DATES
<input type="checkbox"/>	Bryn Mawr College	Bryn Mawr, PA	\$1,995	June 28 – July 16
<input type="checkbox"/>	Boston University Academy	Boston, MA	\$1,995	July 12 – July 30
<input type="checkbox"/>	Fairfield University	Fairfield, CT	\$1,995	July 19 – August 6
<input type="checkbox"/>	Manhattanville College	Purchase, NY	\$1,995	June 28 – July 16
<input type="checkbox"/>	Moorestown Upper Elementary	Moorestown, NJ	\$1,995	June 28 – July 16
<input type="checkbox"/>	Out-of-Door Academy	Sarasota, FL	\$1,995	June 14 – July 2
<input type="checkbox"/>	Stuart Country Day School	Princeton, NJ	\$1,995	July 19 – August 6
<input type="checkbox"/>	The Galloway School	Atlanta, GA	\$1,995	June 21 – July 9
<input type="checkbox"/>	The Overlake School	Redmond, WA	\$1,995	July 12 – July 30

7.) COURSE SELECTION

Please list your first and second choices. Please note: a course can only be taken in the period in which it is offered.

PERIOD	1ST CHOICE	2ND CHOICE
Period 1		
Period 2		
Period 3		

8.) EXTENDED-DAY SUPERVISION

SIG will provide supervised play, social, study and rest time before and after the regular program. The cost for this three-week service is \$150 for morning supervision and \$150 for each one-hour segment of the afternoon supervision. Please put a check mark next to the times that you would like extended care services.

- 7:45 a.m. - 8:45 a.m. daily
 4:00 p.m. - 5:00 p.m. daily or
 4:00 p.m. - 6:00 p.m. daily

9.) WORLD CLASS INSURANCE COVERAGE

SIG offers parents and students peace of mind and financial reassurance with SIG's World Class Coverage Plan for a fee of \$50. This plan provides an assortment of benefits, including personal effects coverage such as cameras and electronic equipment, excess medical for payment of deductibles or out-of-network costs, medical evacuation/re-patriation in the event of an emergency, tuition refunds up to \$1800 in the event that the student is unable to participate in the program due to serious injury or illness, or if either parent of the insured is laid off, and session interruption coverage prorated up to \$1800 for any student who is unable to complete the program for the reasons listed above.

For more information visit us at www.giftedstudy.org. You may choose to opt of this coverage in Section 10 of the following page.

10.) FEES AND PAYMENT SCHEDULE

THE TOTAL COST OF THE SUMMER INSTITUTE FOR THE GIFTED DAY PROGRAM IN 2010 IS \$1,995.

This fee includes: the non-refundable application fee of \$150, the academic program, all course materials, recreational activities, special programs, and lunch.

NON-COVERED FEES

The program fee does not include the following: the cost of transportation to and from the SIG campus, extended day supervision, daily snacks, books for selected courses, World Class Coverage Insurance Protection Plan (\$50) and the NSGT membership fee (\$35). Books will be available for purchase on the day of registration and/or the first day of the program.

PAYMENT SCHEDULE

PAYMENT	DUE DATE	AMOUNT
Application Fee	Submit with Application (non-refundable)	\$150
Second Payment	Upon Acceptance	\$1,000
Final Payment	Due on May 31	\$845
Total		\$1,995

WORLD CLASS COVERAGE PLAN OPT OUT

If selecting to opt out of the World Class Coverage Plan please check below. If you do choose coverage, you will be invoiced for \$50.

For additional information, refer to section 8 or view it online at: www.giftedstudy.org.

<input checked="" type="checkbox"/>	FEE DESCRIPTION	TOTAL
<input type="checkbox"/>	Insurance opt out*	- \$50

PROGRAM FEE REDUCTIONS

Qualifying parties will be awarded this reduction at time of invoicing, please note that reductions can not be applied toward the application fee. Fees for referrals are also awarded \$150, however, referral fees are handled separately, please see www.giftedstudy.org for additional information.

<input checked="" type="checkbox"/>	TYPE OF REDUCTION	TOTAL
<input type="checkbox"/>	Returning SIG Student	\$150
<input type="checkbox"/>	Sibling of an enrolled SIG student	\$150
<input type="checkbox"/>	Attend a second SIG session	\$150

11.) REFUND POLICY

PRIOR TO THE START OF SIG

Because SIG must hire staff and confirm space at its host institutions long before the start of the summer sessions, we are unable to make program refunds to students who cancel **after May 15th**.

MEDICAL WITHDRAWAL

The SIG World Class Coverage Insurance Protection Plan provides some tuition relief in the event of a medical withdrawal both prior to and during the program. It also provides medical coverage in such an event. Please refer to your program brochure or www.giftedstudy.org for more information.

Under no circumstances, medical or otherwise, will SIG refund the \$150 application fee due at the time the application is submitted.

12.) ADMISSIONS AND APPLICATION FEE

Admission to the Summer Institute for the Gifted programs is on a rolling, first-come, first-served basis for qualified students. Applications are accepted and processed upon receipt. Admission to the 2010 Summer Institute for the Gifted program shall be granted or denied at the sole discretion of SIG/NSGT. Applications will be accepted only if space is available. The \$150 application fee must accompany your completed, signed application. You will be billed for the balance.

PAYMENT OPTIONS: SIG accepts checks, money orders, Visa, MasterCard and American Express credit cards.*

Check enclosed (Please make payable to Summer Institute for the Gifted)

Money order enclosed for \$ _____

Please charge my credit card for \$ _____ Visa MasterCard American Express



Card number _____ Expiration date _____

Signature of cardholder _____ Cardholder's name (please print) _____

Daytime phone _____

* Please be advised that returned checks and declined credit cards will incur a \$25 charge per occurrence.

13.) STUDENT RESPONSIBILITY

I understand that, as a participant in the Summer Institute for the Gifted (SIG), I have the responsibility to work to the best of my ability in all of my classes, that I will conduct myself appropriately and follow all rules, regulations and policies of the SIG program, that I will support the efforts of SIG staff and participants to preserve the cleanliness and beauty of the campus, that I will respect the property of others, and that I will respect the rights and privileges of all SIG students, faculty, staff, and others of the campus community. I understand that failure to comply with the above statement may lead to dismissal from the program.

Signature of Student _____ Date _____

14.) AGREEMENT AND RELEASE

By signing the application for a National Society of the Gifted and Talented ("SIG/NSGT") program, the student and the parents agree to the following terms and conditions:

1. We have read and accept the terms and conditions set forth in the Summer Institute for the Gifted catalog, which are incorporated in this agreement. This agreement is a legally binding contract.
2. We unconditionally release SIG/NSGT from any claims for damage, injury, loss or expense incurred as a result of the applicant's participation in the SIG program unless the loss is caused by the gross negligence of SIG. We also release SIG/NSGT from claims for damage, injury loss or expense (including SIG tuition and other costs) caused by events beyond its control, including program termination, resulting from acts of God...regulations or other causes.
3. The student is responsible for exercising caution and common sense at all times to avoid injuries. SIG/NSGT does not provide supervision or support during periods of independent travel.
4. If the students become ill or incapacitated, SIG/NSGT may take such actions as it considers necessary under the circumstances, including securing medical treatment. We release SIG/NSGT from any liability relating to this medical care. We also authorize SIG/NSGT to take whatever action it deems to be necessary and in the student's best interest in the event of any unforeseen event or condition. If SIG/NSGT incurs any expense on the student's behalf that is not covered by insurance, we agree to make immediate repayment upon request.
5. The student must comply with SIG/NSGT's rules, standards and instructions, and understands that failure to do so may result in being sent home at our expense, with no refund. The student's participation may be terminated if expelled from the program or if SIG/NSGT, in its sole discretion, determines that the student's continued participation is incompatible with the interests, harmony, comfort or welfare of other students. We agree to indemnify SIG/NSGT if the student does anything that causes SIG/NSGT to sustain financial loss or liability.
6. We understand that SIG/NSGT reserves the right to make changes, cancellations, or substitutions in cases of emergency or changed conditions, or based upon the interest of the group. The program fee portion of the total SIG cost is nonrefundable as well as the application fee. If a serious illness prevents the student from attending or completing the session, insurance claims may be submitted by participants in the World Class Protection Plan. Requests must be made in writing and include a valid doctor's note. Requests must be made within 30 days of withdrawing from the program. If a program is terminated or canceled, SIG will consider the circumstances and may, in its sole discretion, issue a partial refund or credit.
7. If the student is not a citizen of the United States, we understand and accept that it is our responsibility to obtain all visas and required documents in order to enter all the countries on our itinerary and participate in the SIG/NSGT program. We shall hold SIG/NSGT harmless in the event the student fails to obtain the necessary documents for participation in the program.
8. This agreement will be effective when the application is accepted by SIG/NSGT and shall be governed by the laws of the State of Connecticut.
9. This agreement cannot be modified except in writing by SIG/NSGT.
10. We hereby grant to the SIG/NSGT and to its employees, agents and assigns the right to photograph my dependent and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet. If you do not want your child to be photographed, please check the box next to the signature line below.
11. We agree that any dispute with SIG/NSGT that is not settled informally will be submitted to binding arbitration, to be conducted in substantial accordance with the rules of the American Arbitration Association. The location of the arbitration and identity of the arbitrator will be decided by mutual agreement, with the costs to be shared equally between the parties, and the decision of the arbitrator shall be final. By signing this agreement, we understand that we are giving up the right to have any claim against SIG/NSGT decided in court before a judge or jury.
12. References in this agreement to "SIG/NSGT" shall include the National Society for the Gifted & Talented, and all of its agents, employees, affiliated companies, campus directors, deans, chaperones, group leaders, teachers, host school and school officials. All references to "parents" of the applicant shall include the legal guardian or other adult who is responsible for the applicant.

By signing this document, I acknowledge that I have read and accept the terms of the Agreement and Release above and agree that those terms constitute my agreement with SIG/NSGT. I unconditionally release the SIG program from any claims for damage, injury, loss or expense of any sort incurred directly or indirectly in conjunction with the participation of my child in the program unless the loss is caused by the gross negligence of SIG.

It is the responsibility of each applicant to adhere to the payment schedule in order to maintain his/her enrollment status in the SIG program.

I have read the SIG program catalog and application pages including the paragraph in section 13 signed by my child. I have read and understand the refund policy as stated in section 11 of this application. I understand that it is my responsibility to meet all financial obligations of the SIG program. I understand that I am responsible for the cost of repairing or replacing any property that my child damages while on campus. I understand that if my child fails to follow SIG program rules and regulations, he/she may be dismissed from the program without refund and may be subject to disqualification from attendance at future sessions of the Summer Institute for the Gifted.

I/we certify the above information is complete and correct. I/we understand that any misrepresentation may result in the expulsion of the applicant from the program. I have read the catalog and agree to the SIG/NSGT policies and procedures, including those concerning liability, responsibility, refunds, health, changes in dates, accommodations, courses, billing, and program cancellation or termination. The agreement will be effective when the application is accepted by SIG/NSGT and is governed by the laws of the State of Connecticut.

Signature of Parent or Guardian _____ Date _____

Photo opt out.
Refer to item 10.

MAIL APPLICATION AND PAYMENT TO:

SUMMER INSTITUTE FOR THE GIFTED, *Admissions Office*
River Plaza | 9 West Broad Street | Stamford, CT 06902-3788