

SUMMER INSTITUTE FOR THE GIFTED



APPLICATION PACKET SATURDAY PROGRAM 2008

Admission to the 2008 Summer Institute for the Gifted Saturday Program is on a rolling, first-come, first-served basis according to the postmark date on the application form envelope or the date the online application is received. Only a limited number of students can be accepted. Therefore, we urge you to submit your application materials early.

To apply for the Summer Institute for the Gifted, please complete and sign this application form. Applications must include the \$375 payment (check* or credit card) for further consideration.

Please make sure that the following documents are filled out and signed:

- Application pages 1 and 2
- Agreement and Release form page 3

**Please make checks payable to Summer Institute for the Gifted*

Mail application and payment to:
SUMMER INSTITUTE FOR THE GIFTED
ADMISSIONS OFFICE - SP
RIVER PLAZA, 9 WEST BROAD STREET
STAMFORD, CT 06902-3788

Approximately two weeks is required to review application materials to determine student eligibility. An acceptance letter will be sent to the student upon completion of this review.

SIG SATURDAY PROGRAM APPLICATION 2008

PLEASE INDICATE HOW YOU FIRST LEARNED ABOUT SIG:

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

Please Print Clearly

STUDENT INFORMATION:

First Name

Last Name

Address

City

State

Zip Code

Country

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Home Phone

E-mail address

/ /

Male Female

Date of Birth mo. day year

Age during SIG Session

Gender

Grade in 07-08 school year

PARENT/GUARDIAN INFORMATION:

First Name

Last Name

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Business Phone

Cell phone

E-mail

Relationship

First Name

Last Name

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Business Phone

Cell phone

E-mail

Relationship

Student resides with

ADMISSION 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 2008 Saturday Summer Institute for the Gifted program shall be granted or denied at the sole discretion of SIG/AIFS. Applications will be accepted only if space is available. The \$375 payment must accompany your completed, signed application.

PAYMENT OPTIONS:

- Check (Please make payable to Summer Institute for the Gifted)
 Money order enclosed for \$ _____
 Please charge my credit card for \$ _____ Visa American Express MasterCard

Card number

Expiration date

Signature of cardholder

Cardholder's name (please print)

Daytime phone

SCHOOL INFORMATION:

Name _____

Address _____ Private Parochial Public

City _____ State _____ Zip _____

Name of School Principal _____

Name of School G/T Coordinator or Counselor _____

Name of Current (Homeroom) Teacher _____

STUDENT IS: New Returning

If this is your first session 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
- PSAT, SAT or ACT scores
- Standardized Test scores
- Letter confirming participation in local Gifted Program
- Other
- One Letter of Recommendation*

*Please visit www.giftedstudy.com to download the Letter of Recommendation Forms.

FOR THE STUDENT

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, 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 program dismissal.

Signature of Student _____ Date _____

THE FOLLOWING ARE FOR THE PARENT OR GUARDIAN

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 (SIG) to:

- Yes No provide quotes, participate in SIG pictures, and in photographic images that may be used in SIG/AIFS literature, press releases and/or on the SIG/AIFS web site.
- Yes No receive selected materials about other educational opportunities from organizations sanctioned by SIG.

AGREEMENT AND RELEASE

Students and parent/guardian are asked to sign the application agreeing that this will comprise the agreement between SIG/AIFS and its students and their parents.

1. I, and my parents the undersigned, an applicant for the Summer Institute for the Gifted, a program of the American Institute For Foreign Study, Inc. ("SIG/AIFS"), acknowledge that I have read and accept the terms and conditions set forth in the Summer Institute for the Gifted brochure, which are incorporated in this agreement. This agreement is a legally binding contract.
2. I unconditionally release SIG/AIFS from any claims for damage, injury, loss, or expense of any nature resulting from events beyond its control, including without limitation acts of God, war, strikes, crime, terrorism, sickness or quarantine, government restrictions or regulations. This release also applies to any losses arising from the use of any vehicle or from the selection of, or from any act or omission by, any bus or car rental agency, steamship, airline, railroad, taxi or tour service, hotel service, hotel restaurant, school, university or other firm, agency, company or individual, unless the loss is caused by the gross negligence of SIG/AIFS.
3. I understand that I am responsible for exercising caution and common sense at all times to avoid injuries, and that SIG/AIFS cannot provide supervision or support during periods of independent travel.
4. I agree that if I become ill or incapacitated, SIG/AIFS may take such actions as it considers necessary under the circumstances, including securing medical treatment for me. I release SIG/AIFS from any liability relating to this medical care. I also authorize SIG/AIFS to take whatever action it deems to be necessary and in my best interest in the event of political unrest or any other unforeseen event or condition. If SIG/AIFS incurs any expense on my behalf that is not covered by insurance, I (and my parents) agree to make immediate repayment upon my return home.
5. I will comply with SIG/AIFS's rules, standards and instructions, and understand that failure to do so may result in being sent home at my (or my parents') expense, with no refund. I understand that my participation may be terminated if I am expelled from SIG or otherwise disciplined by SIG or civil authorities, or if SIG/AIFS, in its sole discretion, determines that my conduct is unacceptable and incompatible with the interests, harmony, comfort or welfare of other students. I (and my parents) agree to indemnify SIG/AIFS if I do anything that causes SIG/AIFS to sustain financial loss or liability.
6. Except for change of campus, I understand that SIG/AIFS reserves the right to make changes, cancellations, or substitutions in cases of emergency or changed conditions, or based upon the interest of the group. I understand that, if I leave the program, I will receive refunds on a prorated basis if the host institution refunds these unused fees to the Summer Institute for the Gifted. The program fee portion of the total SIG cost is nonrefundable. If a serious illness prevents the student from attending or completing the session, refunds will be considered on a case by case basis. 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.
7. If I am not a citizen of the United States, I understand and accept that it is my responsibility to obtain all visas and required documents as a result of my not being a United States citizen in order to enter all the countries on my itinerary and participate in the SIG/AIFS program. Further, (whether I am a U.S. citizen or not) I shall hold SIG/AIFS harmless in the event I cannot obtain the necessary documents for participation in the program.
8. This agreement will be effective when my application is accepted by SIG/AIFS and shall be governed by the laws of the State of Connecticut, without regard to Connecticut conflict of law rules.
9. This agreement cannot be modified except in writing by SIG/AIFS.
10. I agree that any dispute with SIG/AIFS 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, I understand that I am giving up my right to have any claim against SIG/AIFS decided in Court before a judge or jury.
11. References in this agreement to "SIG/AIFS" shall include the American Institute For Foreign Study, Inc., 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.

Signature of Parent or Guardian	/ / Date
Signature of Student	/ / Date

RELEASE OF CLAIMS AGAINST THE PROGRAM

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 announcement and application pages including the paragraph signed by my child (above). 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/we acknowledge that terms and conditions that constitute part of my agreement with SIG/AIFS including sections concerning responsibility, health, refunds, changes in dates, accommodations, courses and billing of the optionals selected above. I have read the brochure and agree to SIG/AIFS policies and procedures. This agreement will be effective when my application is accepted by SIG/AIFS and shall be governed by the laws of the State of Connecticut, without regard to Connecticut conflict of laws rules.

Signature of Parent or Guardian	/ / Date
Signature of Student	/ / Date