Financial Information

Tuition for the two weeks of Sheldon Institute for Barbara Shineman Scholars is $330 with full payment due at time of application. It includes a free t-shirt for each student and reflects the cost to cover instruction, as well as transportation to local sites that may be required. A discount of 10% is offered for children of SUNY Oswego employees, families with more than one child attending, or instructors with children attending, using only one of the discounts per family. Financial assistance is available for eligible children. Please refer to specific information on the Financial Assistance Application form.

Payments can be made by credit card, cash, check or money order.

If an applicant needs to withdraw, a refund will be issued, less $30.00, provided we receive written notification of the cancellation by June 28th. Refund requests received after this date will be for 50% of full tuition, through July 18th. After July 18th, no refunds will be given.

Any checks should be made payable to:

Oswego College Foundation, Inc. – SI 2019

Course selection paperwork will only be accepted for students whose deposit has been paid. Students must select a first, second, and third choice for each session. We try to get students into their 1st or 2nd choice class, so the sooner the paperwork is completed and returned, the more likely a student will get into a favorite class. Students will be notified by email if we can’t get them into any of the top 3 choices for each session.
Sheldon Institute for Barbara Shineman Scholars Application

Student Name: ________________________________ Entering grade: ___ Gender: __________

Parent/Legal Guardian ________________________________ Email: _______________________

Address: __________________________________________________________________________

Home Phone: ______________ Work/Mobile Phone: ______________ No Yrs. Attended: ___

T-Shirt Size: (check one) Youth: __ Sm __ Med __ Lg          Adult: __ Sm __ Med __ Lg __ XLg

Extra T-shirts @ $10 each: Youth: __ Sm __ Med __ Lg          Adult: __ Sm __ Med __ Lg __ XLg

(Must be paid for when ordered)

Division: (Check One): ___ Novice going into grades 2 or 3

___ Intermediate going into grades 4 or 5

___ Junior going into grade 6 or 7

___ Senior going into grade 8, 9 or 10

☐ I am the parent/legal guardian of the above student and approve this application.

Any checks should be made payable to: Oswego College Foundation, Inc. – SI 2019.

(All students submit this application along with all other required forms)
See Checklist
Sheldon Institute for Barbara Shineman Scholars

“Teacher Helper”

Sheldon Institute for Barbara Shineman Scholars students who are entering grades 9 or 10 can apply to be a teacher helper, which provides a valuable experience for students interested in a career in the field of education or who simply enjoy working with children.

Teacher helpers will assist Sheldon Institute for Barbara Shineman Scholars instructors in the Novice Program with daily activities, including assisting individual or small groups of students involved in projects and/or music, games and outdoor play and assisting in the preparation of materials for hands-on learning activities.

Students who are selected to be teacher helpers (maximum of 2 teacher helpers for morning and 2 for afternoon) will be assigned to the Novice Program during Sessions 1 and 2 (8:30 – 11:30 am) or Sessions 3 and 4 (12:30 – 3:40 pm). Teacher helpers will participate in classes in the Senior Division when they are not assigned to work with the Novice instructors. Teacher helpers will participate in a minimum of 2 sharing sessions to help them problem solve and expand their ability to work with a variety of students. These sessions will be facilitated by the Sheldon Institute for Barbara Shineman director and graduate assistant.

Teacher helpers will pay a reduced tuition of $230.00. Students who are interested in this program should submit a letter of interest with their application along with a letter of recommendation from a teacher, school counselor or principal. If you are selected as a teacher helper, you will be notified by email prior to the start of the program.

“Teacher Helper” Applicants (Check one):

- I prefer to take morning classes and be a helper in the afternoon.
- I prefer to take afternoon classes and be a helper in the morning.

Openings for teacher helpers are limited, so you will need to choose classes for all day in the event that you are not selected as a teacher helper.

(Submit only if you are going into 9th or 10th grade and are applying to be a Teacher Helper.)
Medical Information/Consent Form
(Must be filled out completely and signed)

Sheldon Institute for Barbara Shineman Scholars - July 22 – August 2, 2019

Name of Student: __________________________________________________________

Parent or Legal Guardian’s Name: __________________________________________

Address: _______________________________________________________________

City: __________________________ State: _________ Zip Code: _____________

Work Phone: _________________________ Home Phone: ____________________

___ My child has no health conditions or medical restrictions.

___ My child has the following health conditions or medical needs/restrictions (check all that apply):

___ Allergies, including any severe food allergies: please specify: __________________________

___ Restricted activity: please specify: ____________________________________________

___ Other - please specify: ______________________________________________________

___ Epi Pen required

___ Prevention inhaler required

___ Rescue inhaler required

___ Other Medications: ______________________________________________________

*Please note that if your child uses medication for severe allergic reactions (e.g., epi-pen or rescue inhaler), the medication must be carried by your child each day during Sheldon Institute. A daily check will be done to be sure your child has his/her medication. If he/she doesn’t have it, you will be contacted. **When an epi-pen has been used or a rescue inhaler has been used for a severe asthma attack, an ambulance will be called immediately.**

In the event of an accident or sickness, we will contact University Police and the parent/legal guardian listed above. If the parent/legal guardian cannot be reached, we will contact the person you have designated to pick up your child. An accident/injury report will be completed by University Police and the program director.

In the event that your child needs to be taken to Oswego Hospital, he/she will be transported by ambulance. The Authorization for Emergency Treatment of Minors needs to be completed and returned to our office before your child(ren) will be allowed to attend. If you have more than one child attending, please complete a separate form for each child.

*The person you list to act on your behalf on the Authorization for Emergency Treatment may not be a Sheldon Institute for Barbara Shineman Scholars staff person.* The person(s) who picks up your child will be required to sign your child out before leaving Sheldon Institute at times other than regular program dismissal.

The above statements are true. My child presents no hazard from contagious and communicable diseases and is in good general physical and mental health. **We must have a copy of immunization records or written statement for religious exemption for all students.**

Parent/Legal Guardian Signature ____________________________________________ Date __________________
AUTHORIZATION
For Emergency Treatment of Minor
at Oswego Hospital

Name of Minor: ____________________________ Date of Birth: ____________________________

In the event that the Sheldon Institute for Barbara Shineman Scholars staff cannot reach me, I, being the parent or legal guardian of the above named minor, do appoint:

Name: ____________________________ Phone No.: ____________________________

Address: ____________________________

To act in my/our behalf in authorizing emergency medical, dental, surgical care and hospitalization for the above named minor during the period of July 22 – August 2, 2019 in my/our absence. This document shall be presented to a physician, dentist, or Oswego hospital representative at such times as emergency, medical, dental, surgical care, or hospitalization may be required.

Parent/Legal Guardian__________________________ | Witness__________________________
Signature__________________________ | Signature__________________________
Address__________________________ | Address__________________________
State____ Zip ______ Date _____________ | State____ Zip ______ Date _____________
Telephone__________________________ | Telephone__________________________

(Witness Information must be completely filled out and signed)

Insurance Company or Government Program: | ID or Contract Number:

Pediatrician: ____________________________ | Family Physician: ____________________________
Phone #: ____________________________ | Phone #: ____________________________

Are immunizations for above named minor current and up-to-date? ____ Yes ____ No

Allergies: ____________________________ | Current Medications: ____________________________

(All students must submit this form)
The instructors and staff at Sheldon Institute for Barbara Shineman Scholars want to provide our students with educational enrichment experiences that will be enjoyable for all. This contract outlines behavioral expectations that must be followed by all registered students. If a student chooses not to follow all expectations outlined below, the Sheldon Institute for Barbara Shineman Scholars staff must reserve the right to withdraw the student from the program at any time during the 10 days, with no tuition refund given. Please review the following with your child, have them sign below, and return this form with all other required forms.

STUDENT CONTRACT

I, ________________________, agree to follow the behavioral expectations outlined below as a participant of this program and while on the SUNY Oswego campus. I understand that if I choose not to follow the expectations outlined below, my parent/legal guardian will be contacted, and I may be withdrawn from Sheldon Institute.

BEHAVIORAL EXPECTATIONS

Listen when others are talking.
Follow directions from instructors and staff.
Respect students and adults, as well as spaces, and property.
Be safe as you walk to classes or lunch by following directions from instructors or staff.
Encourage others to share their ideas.
Think of ways to use what you learn to benefit others.

_________________________  __________________________
Student's Signature                Date

_________________________  __________________________
Parent/Legal Guardian's Signature  Date

(All students must submit this form)
Dear Novice and Intermediate Division Parents/Guardians:

Your child will be part of a whole class that will break up into smaller groups that meet between 8:30 – 11:30 AM and 12:25 – 3:40 PM, with a break for lunch in between. (You might want to pack a healthy snack for our midmorning break.)

As long as SUNY Oswego is able to provide lifeguards, children will be swimming under lifeguard supervision at Lee Hall Pool each morning. Please have your child dress in a bathing suit with shorts and a t-shirt. You should send a change of undergarments and a towel each day in a backpack. Please label all children’s belongings.

Instructors stay with the Novice children throughout the whole day, even while swimming, when changing classes, and while eating lunch. Please dress your child in comfortable shoes as we do walk to different buildings for classes.

We are looking forward to a very busy, fun-filled two weeks with you and your children.

Sincerely,
Novice Team Instructors

My child, ________________________________, has my permission to swim at Lee Hall Pool during Sheldon Institute. I understand there will be a Novice Instructor, and a Sheldon Institute for Barbara Shineman Scholars assistant, as well as a lifeguard present during swim time. I also understand there are no swimming lessons provided.

_________________________________________  ____________________
Parent/Legal Guardian signature                 Date

(Novice & Intermediate students only submit this form)
Dear Parents/Guardians of Sheldon Institute for Barbara Shineman Scholars Participants:

We eagerly anticipate the start of the 41st Anniversary of Sheldon Institute for Barbara Shineman Scholars.

Several photos will be taken of each class for a video presentation featured at Sheldon Showcase, which is held on the last day, August 2nd, and will later be put on our website, www.oswego.edu/sheldon-institute. Students will not be identified by name in any of the photos. The video presentation may also be distributed on CD Rom next spring to our Team Sheldon members (Oswego County School Superintendents), who are Co-Sponsors of Sheldon Institute for Barbara Shineman Scholars. We would like your permission to include any photos there may be of your child for the video presentation to be shown at Sheldon Showcase and put on our website, the CD Rom distribution, the Blurb (Institute newsletter), and any newspaper coverage.

I give my permission for the Institute to use video and photos of my child(ren) in the Sheldon Institute for Barbara Shineman Scholars as mentioned above. **Check one:**  □ Yes  □ No

I give my permission to post video & photos of my child(ren) in Sheldon Institute for Barbara Shineman Scholars on SUNY Oswego’s social media channels. **Check one:**  □ Yes  □ No

Parent/Legal Guardian Signature ___________________________ Date ___________________________

We also need permission for anyone, other than yourself, to pick up your child(ren) from Sheldon Institute.

Child(ren)’s Name(s) ____________________________________________

**I give the following people permission to pick up my child(ren) from Sheldon Institute. Any parent/legal guardian not signing this form must be named below.** If you work on campus and have children in the senior division, you may give them permission to sign themselves in and out and to walk to your office at the end of the day. You must list the student’s name below and by doing so, realize our liability for them ends when they sign out at the end of each day.

Parent’s/Legal Guardian’s Signature ___________________________ Date ___________________________

*(All students must submit this form)*