Greetings,

Congratulations on your acceptance to SUNY College at Plattsburgh and the Educational Opportunity Program (EOP)! We are anxiously awaiting your arrival for the EOP Summer Institute 2013, which represents the beginning of your journey toward college success.

The EOP Summer Institute is a required 4-week program that jump-starts your college career. Each year participants strengthen academic skills, build life-long friendships, and get to know the college campus before the fall semester begins. This is an exceptional opportunity and we hope you look forward to the experience.

You must arrive for Summer Institute on Saturday, July 6, 2013 (check in 10:00am-4:00pm). If you have decided not to attend SUNY Plattsburgh and the EOP Summer Institute, please notify the EOP office as soon as possible so we can offer your spot to another deserving student.

Enclosed you will find important information about the Summer Institute. You will also find documents that you need to read, complete and return to us including:

- □ Student Profile
- □ Health Insurance Information Form
- □ Consent for Medical Care
- □ Medical Records Confirmation
- □ Meningitis Information Response Form
- □ Travel plans

These items must be returned to EOP no later than June 21, 2013

Students who do not return the items above will not be admitted to the Summer Institute and will lose admission to SUNY Plattsburgh.

We also need the following items when you check in for Summer Institute.

- □ $25 Summer Excursion fee (cash or money order only)
- □ *Final High School Transcript with your graduation date printed on it.

*Note: If your final transcript is not ready by July 6, you may still check-in for Summer Institute. However, you will be responsible for having your final transcript sent to EOP no later than July 31.

The EOP Summer Institute is getting close. Are you excited yet? We are! And we can’t wait to meet YOU. Facebook users, please join our EOPeople page (https://www.facebook.com/#!/groups/8868231759/?fref=ts) and start getting to know your new EOP Family!

Sincerely,

Ms. Kyla Relaford, EOP Director
Summer Institute 2013

STUDENT PROFILE

PLEASE PRINT CAREFULLY

Name: ____________________________________________  Date of Birth: ____________________________
First  Last  Month/Day/Year

Home Address: ________________________________________________________________________________
Street Name/Number  Apt. Number/Letter

City: ____________________________________________  State: ________________  Zip: ________________

Cell Phone: ____________________________  Home Phone: ____________________________

Preferred e-mail address: ________________________________________________________________

EMERGENCY CONTACT:

Name: ____________________________________________  Phone Number: ____________________________

Relationship to you: ____________________________  E-mail Address: ____________________________

ACADEMIC INFORMATION:

Preferred College Major: ________________________________________________________________

Do you have AP, IB, or transfer credit?  □ No  □ Yes (please describe): ____________________________
____________________________________

Did you have an IEP or 504 plan in high school?  □ No  □ Yes

Hobbies & Interests: __________________________________________________________________________
___________________________________________________________________________________________

RETURN FORM TO EOP BY JUNE 21, 2013
PERSONAL/MEDICAL INFORMATION:
Your responses to the following questions will assist us in attending to any special medical or personal needs you may have during the Summer Institute. ALL INFORMATION IS CONFIDENTIAL AND UTILIZED BY THE PROFESSIONAL EOP STAFF ONLY WITH CONSULTATION BY CAMPUS PHYSICIANS ON AN AS NEED BASIS ONLY.

■ Do you have any special dietary needs (e.g. vegetarian, vegan, lactose intolerant, etc)? □ No □ Yes
If yes, please indicate:

■ Do you smoke? □ No □ Yes

■ Do you have allergies (food, environmental or medical) which might require emergency treatment (e.g. peanut allergy, bee stings, latex allergy, etc.)? □ No □ Yes
If yes, please describe:

■ Do you have any medical conditions that you want us to be aware of? □ No □ Yes
If yes, please indicate condition(s):

■ Do you take any medication on a regular basis that must be specially handled or administered? □ No □ Yes
If yes, please indicate medication and special handling/need:

■ Have you had any recent medical procedures that may require attention during Summer Institute? □ No □ Yes
If yes, please indicate the type of care you may require:

OTHER INFORMATION:

Do you wish to attend religious services during Summer Institute? □ No □ Yes

If yes, please indicate which denomination: __________________________________________________________

Is there anything else we should know about you that may help us to best support you during the summer?

RETURN FORM TO EOP BY JUNE 21, 2013
HEALTH INSURANCE INFORMATION FORM

Student Name: _________________________________________  Date of Birth: ____________________

First  Last  month/day/year

Please note that all Summer Institute participants must be covered by health insurance while on campus. If you are covered by a parent or guardian policy, or if you have your own Medicaid coverage, a school plan is not necessary. Please indicate below how you will be covered this summer. Please note that the cost for school insurance coverage is paid by the Educational Opportunity Program and SUNY Plattsburgh.

CHECK ONE:

_____ I will need STUDENT INSURANCE for the Summer Institute. I am NOT covered by any other policy.

_____ I have health insurance coverage (complete the required policy information section below).

Policy Holder:__________________________________________________________

Policy/Company Name (BlueCross BlueShield, Fidelis, etc.):______________________________

Policy Number: ___________________  Group Number/ID: ____________________

_____ I am covered by Medicaid  Medicaid Number: ________________________________

This information is truthful and accurate to the best of my knowledge.

Signature of policy holder: ___________________________  Date: ____________

RETURN TO EOP BY JUNE 21, 2013
CONSENT FOR MEDICAL CARE FOR MINORS

To the parent(s)/legal guardian(s) of Summer Institute participants

UNDER 18 YEARS OF AGE ONLY:

In order to expedite necessary medical care and to protect the student, physicians and institutions involved, please sign the consent for medical treatment below.

Be assured that we make every effort to notify parents/legal guardians at once in case of serious accidents or illnesses when they come to our attention. Your cooperation in this matter is appreciated.

I, ______________________________, pursuant to the authority vested in me as the ____________________________ (parent/guardian) of ______________________ (student full name), do hereby authorize the clinical staff of the Student Health Center at SUNY College at Plattsburgh to provide routine medical care to my son/daughter. Furthermore, I do hereby authorize the clinical staff of SUNY College at Plattsburgh, upon consultation with a practicing physician or surgeon, to exercise for me, and on my behalf, all rights and duties with reference to consenting to appropriate medical, psychiatric, and surgical treatment, anesthetics, medicines and/or hospitalization, including care and treatment by any hospital, staff surgeon, physician or radiologist which they may deem necessary for the emergency medical care of ____________________________ (student’s full name).

Parent/Guardian Signature: ____________________________________________ Date: ______________

Student’s Signature: _________________________________________________ Date: ______________

RETURN FORM TO EOP BY JUNE 21, 2013
PHONES
A telephone will be provided in each room. On campus calls (room to room) are free. We encourage you to purchase a phone card so you can dial off-campus numbers. Cell phone service is available in the area through most carriers. **While cell phones are permitted, they may not be used during class hours or scheduled activities** (with emergencies being the only exception).

TRANSPORTATION
- Students are responsible for their own transportation to and from the Summer Institute.
- Students/families that opt to arrive on the Friday before the official start of Summer Institute are responsible for their own lodging Friday night.
- **Students arriving on the bus/train will be picked up by Summer Institute staff and brought to campus.**

SPENDING MONEY
Students must provide their own spending money for personal and recreational shopping. There will be opportunities to visit the area mall and shopping centers (Wal-Mart, Target, etc.) and recreational trips (bowling, movies, etc.). ATMs are available on campus in the Angell College Center and in the campus store. It is strongly recommended that students DO NOT bring large sums of cash to campus.

ACADEMIC SUPPLIES
All textbooks, pens, pencils and paper needed for classes will be provided.

WEEKENDS
Students are required to remain on campus for the duration of Summer Institute **INCLUDING WEEKENDS.** This applies to ALL program students (including those from the Plattsburgh area). Students will also observe summer curfew hours (11:00pm Sunday-Thursday & 12:00pm Friday-Saturday) with exceptions made for **scheduled Summer Institute events.**

VISITORS
All visitors must be approved at least 48 hours in advance of arrival to campus. Visitors are not permitted in residence hall rooms; however, families may visit in the residence hall lounge when approved.

MAIL
**Your summer address is:**

Educational Opportunity Program  
SUNY Plattsburgh  
101 Broad Street  
Plattsburgh, NY 12901  
C/O: <<YOUR NAME>>

FOR YOUR INFORMATION—DO NOT SEND BACK TO EOP
Educational Opportunity Program
SUNY COLLEGE AT PLATTSBURGH
Summer Institute 2013

PACKING CHECKLIST

MUST-HAVE ITEMS

☐ REQUIRED/TO BE SUBMITTED AT CHECK-IN: $25 (cash or money order) for program travel/excursions
☐ Photo Identification (Driver’s license, NYS ID card, Permanent Resident card, or US Passport)
☐ Clothing
  Recommended:
    - Jeans, shorts, t-shirts (revealing tops or bottoms are NOT permitted)
    - Sweater(s) or sweatshirt(s) for cooler evenings
    - One dressy outfit for the final banquet (ladies: skirt/dress, gentlemen: slacks and nice top)
    - Don’t forget socks and underwear!
☐ Sneakers/hikers (appropriate for physical activity in or outdoors...you may get them dirty)
☐ Swimsuit
☐ Raincoat/Umbrella
☐ Sheets (twin-extra long...regular twin will not fit the dorm beds)
☐ Pillow(s)
☐ Towels and washcloths
☐ Soap, shampoo, shaving supplies and other personal care items
☐ Toothbrush/toothpaste
☐ Laundry detergent (free laundry facility is located in the dorm)
☐ Clothing hangers
☐ Alarm Clock and small desk lamp
☐ Small fan (rooms are not air-conditioned)
☐ Sunscreen & bug spray

OPTIONAL ITEMS

- Small refrigerator
- Small portable TV or DVD player (you won’t have much time to use these items)
- Laptop (NO FULL SIZE COMPUTERS)

EOP is not responsible for lost or stolen laptops. No technical assistance is available during the Summer Institute.

DO NOT BRING ANY OF THE FOLLOWING ITEMS:

☒ Microwave oven          ☒ Illegal substances          ☒ Bad attitude          ☒ Vehicle
☒ Weapons of any kind      ☴ Medication prescribed to anyone other than you

FOR YOUR INFORMATION ONLY—DO NOT SEND BACK TO EOP
Educational Opportunity Program
Summer Institute 2013

STUDENT TRAVEL PLANS

Please indicate how you will be traveling to and from Plattsburgh for the EOP Summer Institute. It is essential for us to know who is traveling on Greyhound so that we can arrange for shuttle service from the Plattsburgh station.

*Participants are responsible for arranging and paying for their travel.

YOUR NAME: ____________________________

CHECK ONE:

☐ GREYHOUND/Bus
New York City, Port Authority
Departs—8:00AM
Arrives, Plattsburgh—2:10PM
www.greyhound.com

☐ GREYHOUND/Bus
New York City, Port Authority
Departs—9:00AM
Arrives, Plattsburgh—3:10PM
www.greyhound.com

☐ My parent/guardian will drive me to and from the Summer Institute.

☐ OTHER (provide anticipated arrival time): ____________________________

RETURN TOP HALF TO EOP AS SOON AS POSSIBLE (You may fax to: 518-564-2295)

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Getting to Plattsburgh/Macomb Hall

Directions
Take Route 87 N to Exit 24 (Albany)
Pay toll and follow signs for I-87 N (Montreal)
Take the Adirondack Northway (I-87) north to exit 37 (Plattsburgh)
Turn LEFT at the first traffic light and proceed west on Route 3
Turn LEFT on to Hammond Lane and continue to end of Hammond Lane
Turn LEFT on to Rugar Street (before reaching our check-in location you will pass the SUNY Plattsburgh Field house (on your right), Plattsburgh Senior High School (on your right) and Sibley Hall (on your right).
Look for welcome signs and balloons!

Estimated Travel Times by Car:
Albany, NY: 2.5 hrs.
Binghamton, NY: 5 hrs.
New York City, NY: 5.5 hrs.

PLEASE KEEP BOTTOM HALF FOR YOUR RECORDS
Educational Opportunity Program
SUNY COLLEGE AT PLATTSBURGH
Summer Institute 2013

CHECK-IN DAY Schedule

We look forward to your arrival to campus! Please review the check-in day schedule carefully so that you may plan your transportation and arrival accordingly.

Saturday, July 6
CHECK IN DAY

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00 am-4:00 pm</td>
<td>Check-in: Macomb Hall</td>
</tr>
<tr>
<td>12:00-12:30</td>
<td>Light snacks provided *For those with special dietary needs, we have several dining options close to campus.</td>
</tr>
<tr>
<td>12:30-2:00</td>
<td>Parent/family orientation</td>
</tr>
<tr>
<td>3:30-4:00</td>
<td>Goodbye Reception: Macomb Hall (Parents, family &amp; friends must depart by 4:00)</td>
</tr>
<tr>
<td>4:30-5:45</td>
<td>Welcome activities</td>
</tr>
<tr>
<td>6:00-7:00</td>
<td>Dinner (for students)</td>
</tr>
<tr>
<td>7:00-9:00</td>
<td>Student Orientation</td>
</tr>
</tbody>
</table>

A FEW NOTES:

- **Transportation costs and arrangements are the responsibility of the participant.** We will transport all Greyhound riders from the station on check-in day to campus.
- All students will be paired with a roommate.
- Students will have time in the evening to fully set up their rooms. Families who want to participate in room set-up, or who need to visit local retailers for last minute items, should plan to arrive by 11:00.
- We will make trips to local shopping facilities for those who forget important items.
- Summer Institute staff will be stationed throughout Macomb Hall to assist students while they move in. Please don’t hesitate to ask for help!
Educational Opportunity Program
SUNY COLLEGE AT PLATTSBURGH
Summer Institute 2013

Getting to Plattsburgh

Driving Directions

1. Take Route 87 N to Exit 24 (Albany)
2. Pay toll and follow signs for I-87 N (Montreal)
3. Take the Adirondack Northway (I-87) north to exit 37 (Plattsburgh)
4. Turn right at the traffic light and proceed east on Route 3
5. Go 1 mile to where Route 3 (Cornelia Street) intersects at a "Y" with Broad Street
6. Bear right to continue on Broad Street
7. (Steps 7-11: to Macomb Hall)
8. Turn right on Draper Street
9. Turn left on Sanborn Avenue
10. Turn left on Rugar Street
11. Macomb Hall will be on your right. Street-side parking is available.

Estimated Travel Times by Car:

- Albany, NY: 2.5 hrs.
- Binghamton, NY: 5 hrs.
- New York City, NY: 5.5 hrs.

If you are traveling by bus from NYC, we recommend the following bus:

GREYHOUND BUS Departing NYC (Port Authority) at 8:00 AM, Arriving Plattsburgh at 2:10 PM

Please call 1-800-231-2222 or visit the Greyhound website (www.greyhound.com) for updates or additional information and to arrange your transportation. Transportation to and from the Summer Institute is the responsibility of the participant.

Questions? (518) 564-2263
SUMMER FOOD SERVICE

The SUNY Plattsburgh Educational Opportunity Program is participating in the USDA Summer Food Service Program. Meals will be provided to all eligible children free of charge. Children who are part of households that receive food stamps or benefits under the Food Distribution Program on Indian Reservations (FDPIR) or Temporary Assistance to Needy Families (TANF) are automatically eligible to receive free meals. The following income eligibility standards will be used for determining eligibility for free meals:

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Yearly</th>
<th>Monthly</th>
<th>Twice per month</th>
<th>Every two weeks</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$20,665</td>
<td>$1,723</td>
<td>$862</td>
<td>$795</td>
<td>$398</td>
</tr>
<tr>
<td>2</td>
<td>$27,991</td>
<td>$2,333</td>
<td>$1,167</td>
<td>$1,077</td>
<td>$539</td>
</tr>
<tr>
<td>3</td>
<td>$35,317</td>
<td>$2,944</td>
<td>$1,472</td>
<td>$1,319</td>
<td>$680</td>
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<tr>
<td>4</td>
<td>$42,643</td>
<td>$3,554</td>
<td>$1,777</td>
<td>$1,641</td>
<td>$821</td>
</tr>
<tr>
<td>5</td>
<td>$49,696</td>
<td>$4,165</td>
<td>$2,083</td>
<td>$1,922</td>
<td>$961</td>
</tr>
<tr>
<td>6</td>
<td>$57,295</td>
<td>$4,775</td>
<td>$2,388</td>
<td>$2,204</td>
<td>$1,102</td>
</tr>
<tr>
<td>7</td>
<td>$64,621</td>
<td>$5,386</td>
<td>$2,693</td>
<td>$2,486</td>
<td>$1,243</td>
</tr>
<tr>
<td>8</td>
<td>$71,947</td>
<td>$5,996</td>
<td>$2,998</td>
<td>$2,768</td>
<td>$1,384</td>
</tr>
<tr>
<td>For each additional family member add:</td>
<td>$7,326</td>
<td>$611</td>
<td>$306</td>
<td>$282</td>
<td>$141</td>
</tr>
</tbody>
</table>

Acceptance and participation requirements for the program and all activities are the same for all regardless of race, color, national origin, sex, age or disability, and there will be no discrimination in the course of the meal service. Meals will be provided at the following site and times:

- **Name & Address of Site**
  - Educational Opportunity Program
  - SUNY College at Plattsburgh
  - 101 Broad Street
  - Plattsburgh, NY 12901

- **Meals and Serving Time**
  - Breakfast 7:00-8:00 AM
  - Lunch 12:30-1:30
  - Dinner 5:30-6:30

- **Meal Service Dates**
  - 7/7/2013-8/3/2013
  - 7/7/2013-8/2/2013
  - 7/6/2013-8/2/2013

Eligibility has been established for the site listed above. No further documentation is required.

Persons interested in receiving more information should contact (518) 564-2263. Any person who believes s/he has been discriminated again in any USDA-related activity should write or call immediately to: USDA, Director, Office of Civil rights, 1400 Independence Ave, S.W., Washington, D.C. 20250-6410 or call, toll free (866) 632-9992 (voice). TDD users can contact USDA through local relay or the Federal Relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.

Ms. Kyla Relaford, EOP Director

6/2013

Date