

College Tour 2022 Application
Sponsored by EOC of Suffolk, Inc.
Tour Dates: February 20, 2022 – February 25, 2022

1. **Open to current Juniors, Sophomores.**
2. **All applicants must provide proof of Covid-19 vaccination.**
3. **Applications must be turned in no later than February 4, 2022 to Rebecca Carbone, LMSW, CAPP Director.**
4. Transportation to colleges and lodging is **FREE** for students. Students should **bring additional money for personal costs such as lunch** (breakfast and dinner will be covered) gifts, souvenirs, etc.**Student's family will be responsible to pay any and all costs of transportation home or damages due to misconduct on the trip.
5. **Students must complete Application in its entirety. Pages 3-6 must be returned with all information completed.** This includes the Information sections for Student, Parent/Guardian, School, Emergency Contact, and Medical Insurance. The Medical Emergency Authorization & Consent Form must be written legibly with all information included.
6. **Students must write an essay of at least 250 words demonstrating why they would like to attend, how they hope to benefit from the trip, how the trip would tie into their future plans and why we should select them to attend the trip.**
7. An official High School Transcript must be submitted.
8. Circle Jacket Size requested: S M L XL XXL XXXL
9. **Colleges/Universities to be visited may include: Virginia, Maryland, Pennsylvania, Delaware, New Jersey. Itinerary being finalized and subject to change.**
10. **Excursions/Activities: included in the location or area of colleges visited. To include: museums, parks, historic sites, etc.**
11. **All students will be subject to a disciplinary background check through the Dean's office.** Any student that has had disciplinary actions against him/her during the 2020-2021 school year will be ineligible to participate in the tour.
12. Submission of this application ***is not a guarantee of inclusion on the trip.***
13. Students and Parents selected to participate **MUST** attend a mandatory pre-trip meeting. Contact EOC for specific date and time. At this meeting, rules will be reviewed.

For all additional information, please contact Ms. Rebecca Carbone, LMSW (rcarbone@eoc-suffolk.com) or 631-492-1404 ext. 627) or 631-525-3094.

EOC of Suffolk, Inc./Boys & Girls Club College Tour 2022

Student Code of Conduct * Reminder*

1. Behavior: Any serious violation of the established rules of conduct may result in the student being sent home immediately at the parents' expense. Follow all instructions by your chaperones. Each tour participant is expected to conduct him or herself in a mature manner at all times and to be respectful to all adults at all times. Also, prior to the tour, the tour director and/or personnel reserve the right to cancel reservations for students who have been subject to disciplinary action by their school.
2. At the school hotels: We expect students to behave properly in each school. Please adhere to the following rules:
 - a. No loud talking in the hallways.
 - b. Do not use the room phone (even if available) to make outgoing calls. Please use a calling card or your cell phone
 - c. Do not wander from the group. No student is to leave the hotel.
 - d. Students may not enter any room other than his/her own without prior consent of Chaperones.
 - e. Students must be in their assigned rooms by time given by staff! **There will be room checks. Students found out of their rooms after curfew are subject to be sent home at the parents' expense.**
 - f. Money and other valuables should never be left unattended and should never be left in your room. EOC is not responsible for any lost or stolen valuables. You are responsible for maintaining anything you bring with you.
 - g. Any damage done to room will be charged to you or your parents.
 - h. Any student who keeps other guests awake with loud music or noise will be charged the cost of the disturbed guest's room for that night.
 - i. Check your room carefully for personal items before leaving each hotel room.
3. Make sure that you use the night hours for sleeping and do not keep your roommates awake at night.
4. We move along rapidly. Be responsible while your tour guide is speaking.
5. Please arrange your daily budget. The tour will not make any detours to financial institutions, nor will students be allowed to leave the tour to find an ATM.
6. ABSOLUTELY NO SMOKING, DRUGS, or ALCOHOL will be allowed. If any students are found to any of these items in their possession, they will be sent home immediately (at their parents' expense).
7. All medical problems should be brought to the tour staff's attention immediately!
8. Each tour participant is expected to be at the bus **ON TIME** every day.
9. This itinerary is subject to change. Chaperones will do their best to give advance notice to students and parents of any changes in the plans.

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1. STUDENT INFORMATION ONLY

First Name:	Middle Name:	Last Name:
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Home Address: _____
House/Apt. #, Street Name
City/Town
State
Zip Code

Home Phone #: (____) _____ Cell Phone: (____) _____

Social Security # _____ D.O.B. ____/____/20____

Career Interest/College Major: _____

Student Email Address: _____

Gender:	Age:	Height:	Weight:	Grade Level:	Lunch Program (Circle): Free or Reduced
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Recent PSAT Score: M: V:	Recent SAT Score: M: V:	Recent ACT Score:	Current Cum. GPA:
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2. PARENT/GUARDIAN INFORMATION ONLY

Parent/Guardian 1

First Name:	Middle Name:	Last Name:
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Relationship to Student (Check One):

- Mother
 Father
 Grandparent
 Relative
 Legal Guardian

***If different from student address**

Home Address: _____
House/Apt. #, Street Name
City/Town
State
Zip Code

Telephone Numbers:

Home 1:	Work 1:	Mobile 1:
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Parent Email Address: _____

Parent/Guardian 2

First Name:	Middle Name:	Last Name:
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Relationship to Student (Check One):

- Mother
 Father
 Grandparent
 Relative
 Legal Guardian

***If different from student address**

Home Address: _____
House/Apt. #, Street Name
City/Town
State
Zip Code

Telephone Numbers:

Home 1:	Work 1:	Mobile 1:
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Parent Email Address: _____

**EOC of Suffolk, Inc./Boys & Girls Club
College Tour 2022**

3. SCHOOL INFORMATION

School Name: _____

Mailing Address: _____
#, Street Name City/Town State Zip Code

Business #: (____) _____ Fax #: (____) _____

Web Address: _____ Guidance Counselor: _____

4. TELL US HOW YOU HEARD ABOUT THIS TOUR.

5. Additional Emergency Contact Information

1) **First Name:** _____ **Last Name:** _____

Home Phone: _____

Cell Phone: _____

2) **First Name:** _____ **Last Name:** _____

Home Phone: _____

Cell Phone: _____

The parent(s) /guardian(s) of the above named student, do hereby grant emergency authorization and consent for any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital service that may be rendered to said student under the general or special instructions of any physician we contact while on tour or at a licensed hospital.

It is further understood that consent is given in advance of any specific diagnosis or treatment that might be required, and is given to authorized representatives of EOC and/or Boys & Girls Club, or physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

I/We hereby authorize any hospital, physician, or other person who has attended to or examined the student, to furnish any appropriate insurance company or its representatives, any and all information with respect to any illness, medical history, consultation, prescription, or treatment, and copies of all hospital or medical records. If the insurance company does not cover services, or if I/we do not have insurance, I/we agree to take full responsibility of all financial obligations incurred during treatment and/or hospitalization of the student. Parent(s) /Guardian(s) are responsible for any co-payment at the time of service.

Parent Signature: _____ Date: _____
(Required)

Student Signature: _____ Date: _____
(Required)

**EOC of Suffolk, Inc./Boys & Girls Club
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MEDICAL AUTHORIZATION

6. MEDICAL INSURANCE INFORMATION

Name of Insured: _____ Employed By: _____

Date of Birth: _____ / _____ / _____ 19____ or 20____ Policy # _____ Group# _____
(Month / Day / Year)

Insurance Company: _____

Insurance Co. Address: _____

Insurance Co. Phone Number: () _____

Answer the following questions by checking the appropriate box on the right	Yes	No
Do you have health insurance? Healthcare provider Name:		
Does your healthcare cover you when traveling outside your home state?		
Does your child have any health issues or allergies we should know about? Explain here:		
Is your child in need of a special diet for medical reasons? Explain here:		

List any/ all physician approved medication(s) the applicant is required to take while on tour:

1) _____

2) _____

3) _____

4) _____

***Your child is responsible for the safe keeping and taking of all medications.** _____

Initial

**EOC of Suffolk, Inc./Boys & Girls Club
College Tour 2022**

MEDICAL EMERGENCY AUTHORIZATION & CONSENT FORM

(This information will only be shared in an emergency situation)

Please Print Clearly

1. STUDENT INFORMATION ONLY:

First Name:	Middle Name:	Last Name:
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Home Address: _____
House/Apt. #, Street Name City/Town State Zip Code

Home Phone #: (____) _____

Social Security # _____ D.O.B. ____/____/20____
(Month Day Year)

The parent(s) /guardian(s) of the above named student, do hereby grant emergency authorization and consent for any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital service that may be rendered to said student under the general or special instructions of any physician we contact while on tour or at a licensed hospital.

It is further understood that consent is given in advance of any specific diagnosis or treatment that might be required, and is given to authorized representatives of **EOC and/or Boys and Girls Club** or physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

I/We hereby authorize any hospital, physician, or other person who has attended to or examined the student, to furnish any appropriate insurance company or its representatives, any and all information with respect to any illness, medical history, consultation, prescription, or treatment, and copies of all hospital or medical records. If the insurance company does not cover services, or if I/we do not have insurance, I/we agree to take full responsibility of all financial obligations incurred during treatment and/or hospitalization of the student. Parent(s) /Guardian(s) are responsible for any co-payment at the time of service.

2. INSURANCE INFORMATION

Name of Insured: _____ Employed By: _____

Date of Birth: ____ / ____ / 19____ Policy # _____ Group# _____
(Month / Day / Year)

Insurance Company: _____

Insurance Co. Address: _____

Insurance Co. Phone Number: () _____

Parent/ Guardian Signature: _____ **Date:** _____

**EOC of Suffolk, Inc./Boys & Girls Club
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Pre-Departure Checklist

HAVE YOU?...

- Handed in your proof of Covid-19 vaccination
- Turned in your completed medical consent form?
- Remembered to pack lightly?
- Organized your daily budget?
- Left your valuables at home?
- Packed your camera, notebook, pens/pencils?
- Packed/Brought a positive, productive, fun, cooperative and friendly attitude?

CHECK LIST...

- Linens: Twin Sheets, Light blanket
- Sweater, Coat, Jacket
- Backpack
- Shirts and Tops
- Jeans and slacks
- Bathrobe and Pajamas
- Undergarments
- Watch
- Comfortable walking shoes
- Toiletries (ex. soap, toothbrush, toothpaste, deodorant, comb, lotion, feminine products, etc.)
- Any necessary medical supplies (Inhalers for Asthma, medications, etc.) – Make sure it is documented on this application. You are responsible for the care of these supplies.
- Orientation notebook
- PHOTO ID
- Camera/video recorder for memories
- Something for entertainment on Bus
- Emergency contact list...*****Correct Phone Numbers**