

Summer Springboard Application for Enrollment

Admission into the Summer Springboard program is contingent upon acceptance of your application. This is an application for admission and acceptance into the program is not guaranteed.

This application will take approximately 10-20 minutes to complete. You must respond to all questions in the application in order to be considered for admission.

In order to process your application, we must receive the following for each student that wants to attend the program

- **Personal Data Form**
- **Emergency Contact Information Form**
- **Program Information**
- **Enrollment Questions**
- **Student Information & General Health History**
- **Terms & Conditions Summer Springboard ("SSB")**
- **International students must have a minimum TOEFL score of 490 on paper test, or 60 on iBT test, Cambridge: FCE-C, PET-Distinction, SAT: 450 in Reading/Writing or demonstrate English proficiency via phone interview**
- **\$99 application fee and \$600 deposit are due upon application**

After we have received the complete application, our admissions team will contact you within 5-7 business days with an acceptance decision.

Student Information

First Name: _____

Last (Family) Name: _____

Gender: Male Female Prefer not self-describe Current Year in School: _____

Date of Birth: _____(day/month/year) Citizenship: _____

Mailing Address (Street): _____

City: _____ State / Province: _____ Zip / Postal Code: _____

Country: _____ Mobile | Home _____

Email Address: _____ T-shirt Size: S M L XL XXL

International Student (circle one): Yes | No GPA or International Equivalent: _____

TOEFL/IBT score: _____ Cambridge PET/FCE score: _____ SAT: _____

Needs English Interview (Circle one): Yes | No

Parent / Guardian Information (only one is mandatory)

1st Parent OR Agent Information

Name: _____ Relation to Student: _____

Primary Phone Number: _____ Phone type: Mobile | Home | Work

Alternate Phone Number: _____ Phone type: Mobile | Home | Work

Email Address: (Different than student email address) _____

2nd Parent OR Agent Information

Name: _____ Relation to Student: _____

Primary Phone Number: _____ Phone type: Mobile | Home | Work

Alternate Phone Number: _____ Phone type: Mobile | Home | Work

Email Address: _____

Program Information

- **Program:**
 - Campus-based
Campus Location: _____

Academic Course: _____
 - Online
Online Course Option: _____
- **Session dates:** _____
- **Program Type (Choose one)**
 - Residential:
 - \$6,098 Oxford, UK; Paris, France, Yale
 - \$5,998 UCLA; Singapore
 - \$5,898 UC Berkeley
 - \$5,698 New York; NYSID (New York School of Interior Design)
 - \$5,498 Boston; Georgia Tech; UC San Diego; University of Michigan; University of Washington, Duke, Georgetown
 - \$5,298 Cal Poly SLO
 - Commuter: \$3,198 (Monday - Friday 9am-5pm + lunches)
 - Please include campus location/course/dates: _____
 - Middle School (Please include course/dates):
 - \$2,898 Residential: Berkeley _____ Georgetown _____
 - \$2,098 Commuter: Berkeley _____ Georgetown _____
 - Online Summer Immersion Academy: \$1,798
- **Optional Extras**
 - Airport Pickup: \$95
 - Airport Drop-off: \$95
 - Unaccompanied Minor Fee: \$50 each way
 - Course Supplement: \$250
 - Emergency Medicine
 - Pre-Med
 - Veterinary Medicine
 - Architecture
 - Nursing
 - 3D CAD Design
 - Marine Biology
 - Fundamentals of Engineering @ MIT



Enrollment Question

Name of school attending next Fall: _____

Current grade point average or your school's equivalent: _____

What is your motivation to join Summer Springboard? What do you hope to gain from your experience? (Please write 4-6 sentences minimum.)

What challenges do you foresee while participating in this program? (Please write 4-6 sentences minimum.)

Why are you specifically selecting this course? (Please write 4-6 sentences minimum.)

List any extracurricular activities including dates:

Student Information & General Health History

Summer Springboard is not a therapeutic program and does not have the ability to support students with certain mental and physical health issues.

SSB may require additional documentation from your student's care providers in cases of recent or severe health issues. SSB makes every effort to accommodate all students, but there are instances where based on the application, a student may be deemed unlikely to be successful on a program. In this case, the deposit less the application fee will be refunded (\$600). If information is found to be excluded from this form, your student could be at risk of being sent home from the program at the expense of the family. We thank you for being as thorough and detailed in your responses as possible. Please only list medications your child will be taking at the time of their SSB program. If your child begins taking medication after completing this form, you MUST let us know via email or phone. Each student is responsible for managing & administering their own medications. They must bring sufficient supplies of all medications to last safely for the duration of the program. If anything changes prior to your student traveling, please alert us as soon as possible

Student Details: * = required

*Height _____ *Weight _____

*Gender: Male | Female | Prefer to Self-Describe

*Sex Assigned At Birth _____

*Pronouns: (pick one):

She/her/hers | He/Him/His | They/Them/Theirs | Just my name please!|Other:_____

(The Participant understands that housing rooms are assigned by gender; shared by fellow participants based on gender identity, not necessarily their sex assigned at birth. In the case that a student is transitioning (their gender), or identifies themselves as non-binary or non-conforming Terra should be notified where Participant is most comfortable (either male or female). For other families who have other preference or comfort concerns are welcome to address Terra directly for accommodations. All participants are expected to be inclusive to all gender identities, expressions, sexes, races, ethnicities, sexual orientations, religions, etc. Staff reserve the right to change rooming assignments for any reason at any time)

*Are you of Hispanic or Latino/a origin? (pick one): No | Yes

With which race and/or ethnicity do you identify? (Select all that apply)

- Asian
- Native Hawaiian or Other Pacific Islander
- Black or African American
- Hispanic or Latino
- White or Caucasian
- American Indian or Alaskan Native
- Middle Eastern or North African
- An identity not listed, self-identify: _____
- Prefer not to say

*Is your student currently taking prescription or physician-recommended medications? Or, do they plan to take prescription or physician-recommended medication during their program? (pick one): No | Yes

Please list all medications (including dosage, duration of time on medication) and what the medication is for/treating. Include birth control, nicotine patch or gum, antimalarials or anything prescribed during travel. Students are expected to self-administer and keep track of any medications while abroad. Please update us with any changes. You MUST provide information on: 1. Name of medication (brand or generic); 2. Dosage; 3. Amount of time on this medication; 4. What does this medication treat?

- Please mark all that apply:
- Food allergy
- Food intolerance or sensitivity
- Vegetarian diet
- Vegan diet
- Other dietary restriction

Has your student currently or ever in the past experienced or had:

* = required

*Allergies (environmental): (pick one): No | Yes



List the last occurrence and if any hospitalizations have ever occurred due to the allergy. List all environmental allergies and the severity.

*Allergies (drug): (pick one): No| Yes

List the last occurrence and if any hospitalizations have ever occurred due to the allergy. List all allergies to drugs and the severity in detail including symptoms (e.g. swollen tongue, rash, hives, etc.) and whether they have ever had an anaphylactic reaction.

*Prescribed an EpiPen: (pick one): No| Yes (Or other prescribed epinephrine auto injector)

When did your child last use their EpiPen: (pick one)

Less than 6 months ago | 6-12 Months ago | More than 1 year ago | Never

Please describe: (We require that your student bring 2 epinephrine injectors so that one can be carried at all times, and one can be given to a staff member. Benadryl or other antihistamines are also required for students who have serious allergic reactions)

*Asthma: (pick one): No | Yes

Please describe diagnosis and treatment (medications, inhaler), and list any triggers for your student's asthma. Please note that all students diagnosed with asthma or other airway issues will be required to complete an additional form.

*Prescribed an inhaler: (pick one): No | Yes

Please describe the prescription name, type of inhaler (rescue or regular use), dosage and how often your student uses an inhaler. In case of an asthmatic episode, please send your student with 2 inhalers. We require 2 inhalers so that your student can carry one with him/her at all times and have a spare inhaler in

case one is lost or damaged.

*Fainting, dizziness, high blood pressure, passing out, heart disease: (pick one): No | Yes

When was your child's last episode?: (pick one)

Less than 6 months ago | 6-12 Months ago | More than 1 year ago

Please describe diagnosis and treatment, as well as any limitations recommended by your physician.

*Diabetes: (pick one): No | Yes

List the type, length of time your student has had diabetes, and treatment method (insulin or pump). Please note how comfortable your student is with managing their diabetes and any support or resources (ie refrigeration of insulin etc) needed while on the program.

*Migraine Headaches: (pick one): No | Yes

Please describe typical headache and treatment options:

*Seizure disorders (including epilepsy): (pick one): No | Yes

When was your child's last seizure? (pick one)

Less than 6 months ago | 6-12 Months ago | More than 1 year ago | Never

Please describe diagnosis, seizure, and frequency.

*Does your student have any mobility issues?: (pick one): No | Yes

Please describe. Note that SSB students may be required to walk a mile unassisted and lift up to 40 pounds.

*Concussion: (pick one): No | Yes (Please update prior to the program, if any changes)

Dates: _____

*Major Surgeries: (pick one): No | Yes (Please update prior to the program, if any changes) Please list, including dates:

*Wears Contacts: (pick one): No | Yes

*Sleepwalking: (pick one): No | Yes

Please describe.

*Fear of Swimming: (pick one): No | Yes

Some programs involve a good deal of time in the water. Please describe your student's swimming abilities and comfort in the water.

*Ability to Swim: (pick one)

- I am uncomfortable in the water
- I cannot swim.
- I am comfortable in the water
- I know beginner strokes and can swim 50 yards without a flotation device
- I am comfortable in the water, I could swim up to 100 yards without a flotation device.
- I would likely pass a lifeguard course.



I am lifeguard certified or have been in the past.

A Note on Mental Health: Our programs are NOT therapy programs, and our staff, while highly-experienced teen experts, are not trained mental health professionals. Our priority is your student's health and safety while in our care. The stress of travel, a new peer group and rigorous schedule can often cause challenges to resurface during a SSB program. SSB may require additional documentation from your student's care providers in cases of recent or severe mental health issues. There are instances where based on the application, a student may be deemed unlikely to be successful on a program; in this case, the deposit less the application fee will be refunded (\$600). If information is found to be excluded from this form, your student could be at risk of being sent home from the program at the expense of the family. We thank you for being as thorough and detailed as possible.

*ADHD/ADD: (pick one): No | Yes

If your student will not be taking ADHD/ADD medication over the summer, list the date they intend to stop taking the medication. Please describe coping techniques or how our staff can best support your student.

*Has your student ever been diagnosed with or received treatment for depression?: (pick one): No | Yes

When did your child last show symptoms of depression? (pick one): Currently | Less than 6 months ago | 6-12 Months ago | More than 1 year ago

Please elaborate on the following: List any treatment (professional or medical) your student has received. Was the service voluntary or involuntary for the student? If any hospitalizations or treatment programs, list facilities and dates of treatment. If they are currently seeing a mental health professional OTHER than the one previously listed, please give details here, as well as coping techniques and triggers.

*Has your student ever been diagnosed with or received treatment for anxiety?: (pick one):

No | Yes

When did your child last show symptoms of anxiety?: (pick one):

Currently | Less than 6 months ago | 6-12 Months ago | More than 1 year ago

Please elaborate on the following: List any treatment (professional or medical) your student has received. Was the service voluntary or involuntary for the student? If any hospitalizations or treatment programs, list facilities and dates of treatment. If they are currently seeing a mental health professional OTHER than the one previously listed, please give details here, as well as coping techniques and triggers.

*Has your student ever been diagnosed with or received treatment for bipolar or mood disorder?: (pick one):
No | Yes

When was your child's last bipolar episode (manic or depressive)?: (pick one):

Currently | Less than 6 months ago | 6-12 Months ago | More than 1 year ago

Please elaborate on the following: List any treatment (professional or medical) your student has received. Was the service voluntary or involuntary for the student? If any hospitalizations or treatment programs, list facilities and dates of treatment. If they are currently seeing a mental health professional OTHER than the one previously listed, please give details here, as well as coping techniques and triggers.

*Has your student ever practiced or received treatment for self-harm (cutting, burning, etc)?: (pick one): No
| Yes

When did your child last harm themselves?: (pick one):

Currently | Less than 6 months ago | 6-12 Months ago | More than 1 year ago

List dates, treatment and current status. Please describe coping techniques or how our staff can best support your student.

*Has your student ever shown symptoms of or received treatment for disordered eating or a diagnosed eating disorder? (pick one): No | Yes

When did your child last show symptoms of disordered eating? (pick one):

Currently | Less than 6 months ago | 6-12 Months ago | More than 1 year ago

Please elaborate on the following: List any treatment (professional or medical) your student has received. Was the service voluntary or involuntary for the student? If any hospitalizations or treatment programs, list facilities and dates of treatment. If they are currently seeing a mental health professional OTHER than the one previously listed, please give details here, as well as coping techniques and triggers.

*Has your student ever experienced, been diagnosed with or received treatment for panic attacks? (pick one): No | Yes

What has been the frequency of panic attacks within the last year? (pick one):

Currently | Less than 6 months ago | 6-12 Months ago | More than 1 year ago

Please elaborate on the following so that we can offer the best support for your student: List any treatment (professional or medical) your student has received. Was the service voluntary or involuntary for the student? If any hospitalizations or treatment programs, list facilities and dates of treatment. If they are currently seeing a mental health professional OTHER than the one previously listed, please give details here, as well as coping techniques and triggers.

*Has your student ever had thoughts of suicide? (pick one): No | Yes

When did your student last have suicidal thinking? (pick one):

Currently | Less than 6 months ago | 6-12 Months ago | More than 1 year ago

Please describe.

*Has your student ever attempted suicide? (pick one): No | Yes

When was your student's last suicide attempt? (pick one):

Currently | Less than 6 months ago | 6-12 Months ago | More than 1 year ago

Please describe.

*History of alcohol and/or other drug addiction (pick one): No | Yes

Please describe. List dates, treatment and current status, and coping techniques if applicable.

*Autism Spectrum Disorder (pick one): No | Yes

Please describe, including any idiosyncratic behaviors, emotional patterns, social skills, or learning strategies. _____

*Any routine childhood vaccinations that your student has NOT received, or are out-of-date? (pick one): No | Yes

Please explain why you have not received your childhood vaccinations or why they are out of date. Please list any vaccinations that you plan to receive prior to travel. Some countries require certain vaccinations for entry. We STRONGLY recommend that students be up to date on childhood vaccinations. Please see the Centers for Disease Control website for recommendations, or consult with a travel doctor at least four to six weeks prior to your trip. Please note that SSB does not mandate the administration of certain vaccines or provide medical advice. If you have any questions about vaccinations or related issues, please direct them to medical professionals.

*Do you have any notes or concerns about your student's ability to self-manage and self-advocate for any emotional, physical or social needs they may have during the program, or about their ability to manage their own self-care while away from home? (pick one):

No | Yes

Please describe.

*Do you have any notes or concerns about your student's ability to self-manage their own health and self-care requirements while away from home? (pick one): No | Yes (Including the ability to self-administer ongoing medical treatment) Please describe.

*Has your student been suspended or expelled from school or had issues with law enforcement? (pick one): No | Yes

Please tell us more about the situation:

*Has your student ever tested positive for COVID-19 or had a 'presumptive' positive COVID result in the past 12 months? (pick one): No | Yes



If you tested positive, what dates did you test positive?

*COVID-19 vaccination may be required to travel on a SSB program. Is your student fully vaccinated against COVID-19? (pick one): No | Yes If yes,what vaccine did they receive (Moderna, Pfizer, Johnson & Johnson, etc)?

*Anything else you'd like us to know, that may impact your student's time at SSB? (pick one): ___No | Yes Please describe.

Parent/Guardian Signature

I, the parent/guardian, in completing this form confirm that my child is able to travel and participate in an active program that includes activities such as hiking, walking, active class activities on a daily basis and excursions. I confirm that the medical history information that I have supplied is accurate and complete. Falsification or willfully omitting information about my child's health status may result in a decision to decline their application or could subject them to an early departure from the program at my own expense. I agree to alert SSB to any updates to medical or mental health history in a timely manner prior to the program start date. I agree that it is my responsibility to understand SSB's policies, the required or recommended vaccinations and any medical risks, whether it be via the Centers for Disease Control or through a licensed travel physician. My child's physician(s) also supports their participation in this program. I understand their physician will need to sign off on the physician release form and any additional documentation requested by SSB.

_____ Parent / Guardian Signature

_____ Date

By writing your name here, you are validating that you have read and agree to the above.

Terms & Conditions Summer Springboard ("SSB")

SSB programs can be physically and emotionally demanding; applicants should be in good physical and mental health as well as in compliance with COVID-19 protocols (i.e required vaccinations/boosters against COVID-19 as well as testing & distancing requirements if necessary. This will be determined by individual university policies at the time of the start of the programs).

SSB Refund Policy Details (Terms & Conditions):

- (1) All payments are subject to the conditions of our refund policy on the date payment is received.
- (2) If a student chooses to withdraw for any reason prior to the program start date, SSB must be notified in writing.
- (3) Certain portions of the program fees are refundable depending on the date of the written cancellation request. Refunds will be calculated according to the date in which SSB receives this notification.
- (4) If for some reason SSB is not able to grant acceptance into the program, everything but the application fee is refundable.
- (5) The application fee (typically \$99) is always non-refundable & non transferable.
- (6) We may, at any time, modify these Terms and Conditions, with or without notice. Any such modification will be effective immediately upon public posting.
 - SSB reserves the right to make changes, cancellations, postponements or substitutions as a result of changing conditions, safety considerations, the interests of the group, or emergency situations.
 - In the event SSB decides not to operate a program for force majeure or safety considerations, SSB reserves the right to substitute such program with another program option of the same program theme.
 - In the case of COVID or similar force majeure events, should safe program delivery be possible with social distancing measures only, SSB may need to add a 'social distancing' or COVID-19 testing surcharge to cover additional costs associated with changes to program elements such as dorming, transportation or service projects.
 - Once on a program, if a Student chooses to leave the SSB Program, for their own personal reasons, there will be no refund of the program fee. If the Student leaves the SSB Program prior to the end date due to parental request, personal reasons, behavioral issues, or mental health challenges, he/she/they will not be permitted to re-join the program and will not receive a refund. The Student's removal is final.
 - Students must treat their surroundings and materials with care. The Participant agrees to reimburse SSB for any property of SSB Program Staff or lodging facilities that is damaged, lost, or destroyed as a result of the Student's actions.

****Exceptions CANNOT be granted to this refund policy. Travel insurance is recommended to help provide protection for your investment beyond our cancellation policy.**

Refund deadlines for summer programs:

In-person Refund Policy for direct agent-enrolled students (these policies are only applicable to enrollments coming from the Agent and are not valid for individuals enrolling directly into Terra):

- The \$99 application fee is in all cases non-refundable. In the event of cancellation, the following policies are in effect.
- Any time before April 1, 2024: all tuition is refundable, including deposit
- Any time between April 2 - 30, 2024: all tuition is refundable, except deposit
- After May 1, 2024: 25% of tuition is refundable, excluding deposit
- After June 1, 2024: 0% is refundable.

In the event of changing programs, the following policies are in effect:

- Prior to June 1, 2024: If space is available, students can change sessions (dates, location) at no additional fee.
- After June 1, 2024: there is a \$300 fee to change your session (dates, location).

This refund policy applies to all summer programs beginning in June, July and August 2024.

In-person Refund Policy for direct family enrollments:

Tuition credit from previous years is not refundable. If a family cancels from a program, any tuition credits will be forfeited. The following refund policy applies to all programs beginning in June, July and August.

- Cancellation Date before March 1, 100% of tuition paid is refundable, except the \$99 application fee.
- Between March 2 - April 1: All tuition is refundable (except deposit and application fee). Option to roll over 100% of monies paid as credit for a future year.
- Between April 2 - May 1: 75% of tuition is refundable (except deposit and application fee). Option to roll over 100% of monies paid as credit for future year
- After May 1: 25% of tuition is refundable (except deposit and application fee). Option to roll over 75% of monies paid as credit for future year. \$300 fee to change programs.
- After June 1: 0% refundable and 0% transferable to a future year. \$500 fee to change your academic course (dates, location).

Online programs Refund Policy

- More than 60 days prior program: 100% refund
- More than 30 days prior program: 50% refund
- Less than 30 days prior to the program start date: 0% refund

Force Majeure: Program cancellation, postponements or changes that occur due to an unexpected or uncontrollable event may be subject to Force Majeure. Such instances could be, but not limited to: acts of God, flood, drought, earthquake or other natural disaster, epidemic or pandemic, terrorist attack, civil war, civil commotion, or any law or any action taken by a government or public authority. If Force Majeure is enacted, SSB will aim to move the student to another program, if possible. If no alternative program is available, the family will be granted a credit for a future program. This credit will be transferable to any other sibling or friend. Where families demand a refund in spite of these circumstances, we will provide partial

cash refunds only should our overall situation allow us to do so. The payout ratio will depend on the scale of the Force Majeure.

Required Signed Documentation

Enrollment & participation in the program is contingent on both the participant and one legal guardian signing and agreeing to all required documentation by SSB. All Terms & Conditions outlined including the refund policy will be upheld regardless of signature of required documentation. Neither program enrollment nor program participation will be permitted unless all requested documents are signed and returned. SSB reserves the right to cancel any applicants or deny participation of any enrolled students and retain the deposit and any additional funds paid if the requested documentation is not signed and returned in a timely manner specified SSB.

Required Documents

For campus-based programs, it is Student's sole responsibility to inquire about and obtain all necessary documents, such as medical forms, vaccination records, proof of health insurance, (and if applicable, passports and visas with appropriate expiration date). Failure to obtain the necessary documents, which may hinder participation in the Summer Springboard Program, does not constitute grounds for withdrawal with refund.

For all students who enroll before May 1st, pre-departure documents are due by May 1st.

For all students who enroll after May 1st, pre-departure documents are due within 7 days of acceptance into the program. A late fee of \$50 will be assessed if all pre-departure documents are not submitted by the due date.

Tuition Payment Requirements

For programs starting during the non-summer months, final payments are due 60 days prior to the program start date.

For programs starting in June, July or August, payments are due according to this schedule.

If tuition was rolled over from a previous program, payment is due:

- March 10: 100% of balance due

If an application is submitted any time before March 1, payments are due:

- March 10: 33% of balance due
- April 10: 33% of balance due
- May 10: remaining balance

If an application is submitted any time after March 10, payments are due:

- April 10: 50% of balance due
- May 10: remaining balance

If an application is submitted any time after May 10, payments are due:

- Immediately: full balance due within 48 hours

Late Payment Policy

Payments received after May 10th will incur a \$150 late fee (not applicable to applications received after May 10th).

If full payment is not received by June 1st it may result in a cancellation of enrollment without refund.

Insurance:

SSB includes evacuation insurance during the program as part of your total program costs. However, purchasing a travel insurance policy is also recommended. See further insurance details below for guidance.

- We highly recommend purchasing a Travel Insurance policy to help protect your investment. We suggest battleface, a reputable provider with years of strong customer reviews and a reputation for great customer service.
- Secondary medical insurance and evacuation insurance during the program is included for programs located outside of the US.
- We CANNOT extend beyond our refund policy for personal injury, losses or acts of God or any other exceptions, however travel insurance may be able to provide additional coverage beyond our refund policy.
- We are not responsible for any insurance premium, terms of use or otherwise for any insurance policy you choose to purchase.

Items not covered by tuition, that you will need to pay for:

- International or domestic airfare to and from the destination country and/or city.
- Entry passport / visa to the country (if required)
- Multi-Country Flight Connections (if applicable)
- Airport taxes (if required)
- Health insurance

To Applicants & Prospective Program Participants:

At Summer Springboard, we welcome age-eligible teens and young adults who are excited about the opportunity to participate in our programs. However, SSB programs are not designed as therapy programs. Therefore, applicants with a significant history of chronic illnesses, acute psychiatric conditions, or some kinds of physical disability, as well as behavioral issues, may be subject to additional supporting application

questions to determine eligibility for participating on a SSB program. The following eligibility criteria are not intended to be exclusionary, but to honestly identify the fundamental elements of participation so that every participant may have a safe and life-enriching experience.

Essential Eligibility Criteria:

In addition to abiding by the Code of Conduct, SSB Students are expected to meet the following Essential Eligibility Criteria. These criteria are not intended to be exclusionary, but to honestly identify the fundamental elements of participation so that every participant may have a safe and meaningful experience. Failure to meet Essential Eligibility Criteria, through non-disclosure or other, may also result in removal from the program. Please discuss with our team for any further clarification or concerns.

- Independently manage daily personal care, including managing personal medications.
- Cope with various environmental challenges (heat, cold, change in diet, etc.).
- Navigate and travel independently from home to the program location site (If applicable)
- For participants to engage in most program activities it is recommended they are able to walk unassisted distances over 1 mile, be able to lift items weighing 40 lbs, and follow detailed instructions to avoid hazards.
- Effectively communicate to staff directly if they are under stress and needing assistance.
- Able to exercise sound judgment in the absence of direct supervision.
- Exhibit self-management techniques in relation to mental health and selfcare while on program. Techniques include the ability to proactively seek help from SSB staff, acknowledgement of being away from regularly scheduled mental health counseling, and the ability to self-administer ongoing medical treatment while away from their home support system.
- Recognize risks and hazards presented by SSB staff in English during the program and comply with recommended preventive measures, while also maintaining a reasonable level of situational awareness appropriate to circumstances.
- Compliance with COVID-19 protocols (i.e required vaccinations/boosters against COVID-19 as well as testing & distancing requirements if necessary. This will be determined by individual university policies at the time of the start of the programs).

Each Student Must Be Able To:

- Maintain a positive attitude and exhibit a willingness to try new things in a new environment.
- Show respect through speech and actions for the staff and other students while on-program.
- Abide by the SSB code of conduct and obey all local, national, and international laws while on the program.

Student Name: _____

Parent / Guardian Signature: _____

By writing your name here, you are validating you have read and agreed to the above Terms & Conditions.

Date: _____

Payment Options

1. Pay deposit with credit card

Name (as it appears on credit card): _____

Card type (Circle one): MasterCard | Visa Card Number: _____

Expiration Date: ___ / ___ (month / year) | 3-digit security code on back of card: _____

Billing Address: _____

Billing City: _____ Billing State / Province: _____

Billing Zip / Postal Code: _____ Billing Country: _____

I hereby authorize Summer Springboard to charge my credit card:

- Online programs: full tuition due now.
- Campus-based programs, the non-refundable \$99 application fee and \$600 deposit due now

Cardholder's Signature: _____

Print Name: _____ Date: _____

2. Pay with wire transfer

Bank Information (when making the wire transfer, please write in the comments or notes section:

SSB – Student name):

- Account number: 325134096102
- Active ACH Blocks/Filers on file: Yes
- Routing number ACH/EFT: 121000358
- Routing number DOM. WIRES: 026009593
- SWIFT Code INTL WIRES: U.S. BOFAUS3N (BOFAUS6S foreign currency)
- Account Address: 10509 San Diego Mission Road, Suite S, San Diego CA 921082202