TO: Educators, Parents and Guardians

FROM: Mr. Arthur L. Kalish, Director
        Director of the Institute of MERIT
        Mathematics Education, Research, and Instructional Technology

RE: Institute of Creative Problem Solving for Gifted and Talented Students

DATE: December 9, 2019

The State University of New York College at Old Westbury is pleased to announce that The Institute of Creative Problem Solving for Gifted and Talented Students celebrates 26 years of our program with the 2020-2021 academic year. The Institute will present 20 workshop sessions designed to engage gifted students, grades 5–10, in creative problem solving in mathematics and science. Classes meet at SUNY College at Old Westbury during the school year on Saturday mornings from 9:00 – 11:30 AM. We invite you to recommend gifted and talented students currently in grades 4 – 9 to take this year’s entrance exam.

Please distribute copies of this letter throughout your school and district.

The brochure and application packet are only available on our website:

http://institutecreativeproblemsolving.org

All items must be received in the same envelope and received by Monday, March 9, 2019. The Entrance Exam date is Saturday, April 4, 2020.

Students who have previously participated in this program are ineligible to participate a second time.

There is a $40 non-refundable application fee. The program remains tuition free. Financial aid is available for students unable to pay the application fee.

The completed packet requires:
1) Signed Student Application form
2) Signed Teacher Recommendation form
3) Current grade transcript or report card
4) A non-refundable $40 check payable to: “The Research Foundation of SUNY”
5) Two, #10 business envelopes (4 inches by 9 1/2 inches), each stamped with a first-class stamp and addressed to the student applicant.

Please do not staple the forms together or with the check.

Thank you for your continued interest and past support of gifted mathematics education.

Contact schnierm@oldwestbury.edu with questions or for additional information.
STUDENT APPLICATION
Please type or print clearly

Name: ___________________________ M __ F __ Date of Birth: __________

Home Address: ___________________________ City ___________________________ Zip __________

Best phone: ________________ Parent’s email: ____________________________

Current Grade: ___ Current School: ___________________________ District: __________

Students who have previously participated in this program are ineligible to participate a second time.

Use additional paper if needed for the sections below.

Current Math Course or Program:

Mathematics Competitions: Include title and year of competition.

Please explain why you are interested in applying to this program: (Student must complete this.)

Extracurricular Mathematics Activities: (Program name and years of participation)

Other Related Extracurricular/Community Activities:

How did you hear about the ICPS program?

Please check one of the following:

☐ Check for $40 made payable to The Research Foundation of SUNY.
☐ Financial Aid is needed.

Parent/Guardian Name (print) ______________________________________________________

Parent/Guardian Signature: ____________________________________________________________________

PLEASE RETURN WITH COMPLETED TEACHER APPLICATION
STUDENT APPLICATION FORM GUIDELINES & EXAM DAY INFORMATION
(Important – Please Read Carefully)

* The completed packet requires:
1) Signed Student Application form
2) Signed Teacher Recommendation form
3) Current transcript (HS) or report card (MS and Elementary)
4) A non-refundable check for $40 made payable to: The Research Foundation of SUNY, to cover application costs
5) Two, #10 business envelopes (4 inches by 9 1/2 inches), each stamped with a first class stamp and addressed to the student. (Parents, please verify the address.) These are used to mail the Exam Entrance Ticket and exam results to the student. All items must be received in the same envelope.

Please do not staple the forms together or with the check.

Packet must be received no later than Monday, March 9, 2020 for the Saturday, April 4, 2020 exam and sent to:

SUNY College at Old Westbury
P.O. Box 210
Old Westbury, NY 11568-0210
Attention: Mimi Schnier

Applications received after March 9, 2020 will not be accepted.

Only students with an Exam Entry Ticket will be admitted into a testing room. The exam ticket is your confirmation. We do not acknowledge receipt of the application packet. The exam ticket will be mailed 7 to 10 days prior to the exam.

Please note that all nominated students must take the entrance examination on the exam day.

Exam Date:  Saturday, April 4, 2020

Exam Times:  10:00 A.M. – 12:00 P.M. ........Current grades 4 & 5: .............. Arrive by 9:30 A.M.
2:00 PM – 4:00 P.M...............Current grades 6, 7, 8, and 9: .... Arrive by 1:30 P.M.

Bring your Exam Entry Ticket and several No. 2 pencils to the exam room.

Calculators and cell phones are not permitted and should not be brought to the exam room.

An orientation for the parents will be held in the Campus Center Atrium while the children are taking the exam.

Under no circumstances should your children be left unattended. If you leave the campus for any reason, please arrange to return before the end of the examination. Failure to comply with this may lead to the immediate voiding of the exam.

Nominated students will be notified by mail of their status on or about June 15, 2019. Please do not call the office. Exam scores will not be available to anyone whether or not the student is accepted to the Institute.

*We only require the specified items. Please do not include NY State exam scores, certificates of merit or any other test results. They will not be considered as part of the application.
INSTITUTE OF CREATIVE PROBLEM SOLVING FOR GIFTED AND TALENTED STUDENTS
MATHEMATICS TEACHER RECOMMENDATION

Student Name ____________________________________________ Current Grade _________

1. How well do you know the above student? How does he/she perform in class?

2. Does he/she appear to have interest and ability in math, technology, or science? Why do you think so?

3. Does the student demonstrate a positive attitude toward academics? Please cite an example.

4. What background experience does the student have which will enable him/her to benefit from this program? What personal characteristics of the student would support your comment?

5. In your opinion, does the student perform better in an individual or a group setting?

(Please print clearly)

Teacher’s Name (Print): ________________________________ Date: _____________

Grade/Course Taught: _________________________________

School Name and District: ______________________________

Phone Number: ______________________________________

Email: _____________________________________________

Teacher’s Signature __________________________________

PLEASE RETURN WITH COMPLETED STUDENT APPLICATION