

The Paul Schreurs Memorial Program (PSMP) is an initiative of the Ithaca Youth Bureau designed to provide academic, personal, emotional, and social support by promoting relationships and offering programs that inspire underrepresented youth in our community to be successful confident life-long learners. Since the early 1990s, our team has worked with youth who have significant barriers to academic success yet show an interest in overcoming these barriers and wish to thrive in their academic lives.

Our program serves students of color, students from low-income households, and rural students to help them gain access to educational opportunities and close the achievement gaps in the Ithaca City School District. We endeavor to build relationships that help us work with youth and their families to address the issues they face and strive to inspire youth to work together to overcome negative expectations and academic stigmas.

PSMP offers homework support, school advocacy, tutoring, community service opportunities, summer enrichment activities, and more to engage students and their families. Students can be referred to the program by teachers, family, and community members. In some cases, students come with a friend and decide to join on their own.

All of the support and services provided are tailored to individual needs. For many students, changes in their situation at home can cause a ripple effect on the other aspects of their lives. Frequent communication allows us to be able to assess each student and connect them with the tools and resources they need to continue to be successful.

The Paul Schreurs Memorial Program is needs-based and individualized for each student participant. The services we provide to each student are different and can be found in the list below. Please note that as a result of the COVID-19 pandemic, not all components of PSMP are fully functioning at this time. We are operating at a limited capacity following local and state safety guidelines.

After School Program - Students work with volunteers to understand concepts and develop skills to become lifelong independent learners. The after school program takes place weekly, immediately after school, and includes individual tutoring and homework support.

School Outreach - Each week, PSMP staff members visit the middle and high schools to check in with students and their teachers to ensure their educational needs are being met. Staff members attend parent-teacher meetings, either with the parents or as a proxy for the parents who are unable to attend for various reasons. Teachers and school administrators know PSMP staff members are available during the day to help school staff with crisis situations.

Assistance Seeking Financial Aid - Students' families lack the financial resources to pay for additional schooling or trade schools. Lack of funds is the first reason students from disadvantaged backgrounds do not pursue education beyond high school. PSMP helps students find financial aid and support to pay for their continuing education.

Assistance with College Application Process - The college application process can be a daunting process. Some of our students are first-generation college students and do not have family members with past experience going through the process. We help students navigate through the application process to ensure they are able to be accepted into college or trade school and be successful in their future endeavors.

Skill Building and Enrichment - We know that teamwork, communication, and a positive attitude are essential building blocks for success, so we facilitate activities for skill-building and enrichment. For instance, students have spend time on a challenge course to overcome fears, and discover new strengths and abilities.

Weekly Wednesday Program - Each Wednesday, students get together for community service (such as volunteering at a Habitat for Humanity build or cleaning up a park), fun exploration, team building, to strengthen their connection to their community.

College Tours - We encourage students to dream big academically. Each summer we visit one or two colleges, choosing from historically black colleges, SUNYs, Ivy League universities, and private colleges to help them imagine and plan for their future. Being on campuses allows them to see themselves there one day if that's the direction they choose.

Quarterly Family Dinners - Three to four times a year, students and their families get together over a family-style meal to recognize the students' successes, create a space for families to meet and support one another, and provide helpful information about education, careers, and opportunities available to students.

Summer Program and Trip - The summer program is a fun-filled three-week opportunity for the students to learn new things and travel to new places together. We focus on college and career activities in both the Ithaca community and nearby counties. The program focuses on career and college exploration, skill-building, and community service. Of course, we do fun summertime activities, too, like swimming and visiting state parks, horseback riding, and

spending time with friends. The last week is a three-night, four-day trip to various cities throughout the East Coast. Enrichment activities, experiential learning, and exploration combine to create a memorable summer.

Transportation Assistance - Staff members often provide transportation for students and families to, community events, school meetings, teacher conferences, extracurricular activities, and open houses.

Connection to Community Services - We help connect students and families to services in the community, like helping families dealing with food insecurity find access to healthy food options.

Informal Counseling - Sometimes students need someone to listen to them in a safe space, without being judgmental. PSMP staff members have established a rapport and trust with students that encourages them to seek staff members out to talk about whatever is on their minds.

Advocacy and Support in Crisis - Loss of childcare, a broken vehicle, and similar challenging setbacks can affect an entire family. For many of the students in our program, setbacks at the parent level can affect the entire family's dynamic and cause added stress to the children. PSMP staff members understand this and are always available to provide advocacy and support in times of stress and crisis. **We believe it is important to meet participants and their families where they are.**

Mentoring - Students are paired with a mentor from a local college. During this one-on-one time, mentors work with students to listen, learn, and provide encouragement as they set goals and plan for success.



AUL SCHREURS MEMORIAL PROGRAM

Ithaca Youth Bureau • 1 James L. Gibbs Drive • Ithaca NY 14850
Phone: 273-8364 • **Fax:** 273-2817

Date:

To the Parent(s)/Caregiver(s) of _____;

Congratulations! Your child has been selected as a candidate for the Paul Schreurs Memorial Program (PSMP). The potential for excellence has been recognized in your child, and their name was submitted for consideration.

The Paul Schreurs Memorial Program is dedicated to helping youth achieve their educational goals. We hope that you and your child will give careful consideration to this opportunity. If you decide to join the Paul Schreurs Memorial Program, then please fill out and return the enclosed application, and the signed permission form to the address above. We will then contact you to schedule an interview. The interview will allow us to get to know you and your family better and determine if our program is right for you.

Please feel free to contact me at the number above if you have any questions or need more information. I look forward to hearing from you soon.

The Benefits of being a student of the Paul Schreurs Memorial Program:

- Homework club at the Ithaca city Schools
- Guidance, support and advocacy during and after school
- We also follow you through your first year of college
- A free 3-week Summer Academy
- Visits to colleges and universities
- Different activities in town
- Tutoring help
- Community service

Sincerely,

Johara Malcolm
Program Coordinator



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Paul Schreurs Memorial Program
Application

Name of student: _____
DOB: _____ Age: _____ Gender: _____
Student Cell: _____ Student Email: _____
School: _____

Parent name (1): _____
Parent cell number: _____
Parent work number: _____
Parent email: _____

Best way to contact Parent: cell work email postal mail

Address: _____
City: _____ State: _____ Zip: _____

Parent name (2): _____
Parent cell number: _____
Parent work number: _____
Parent email: _____

Best way to contact Parent: cell work email postal mail

Address: _____
City: _____ State: _____ Zip: _____

(Parent) Why do you want your child to be in the Paul Schreurs Memorial Program (PSMP):

(Student) Why should you be considered for this program?

Emergency Contacts:

Name: _____
Relationship: _____
Home Phone: _____
Cell Phone: _____

Name: _____
Relationship: _____
Home Phone: _____
Cell Phone: _____



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My child has permission to participate in the Paul Schreurs Memorial Program (PSMP), that is sponsored by the Ithaca Youth Bureau. I understand that my child and I are both committing and permitting the following: **(Please Initial each of the following)**

_____ Confidential information given by me, my child, or other persons or agencies will not be shared and kept confidential by Staff, unless I give written permission.

_____ My Child's school will be notified if I can not come to a meeting but will allow the Paul Schreurs Memorial Program staff to attend in my behalf. **The school can also share information with the program staff about my child's process and grades.**

_____ **I further give permission for the school to regularly send copies of my child's report cards, progress reports, deficiency reports, and class schedules to the staff of the Paul Schreurs Memorial Program.**

_____ I further give permission for my child to ride in any Ithaca Youth Bureau city vehicle.

_____ I give permission for my child to be photographed during program, activities and during the Paul Schreurs Memorial Summer Program. I further give permission for photographs of my child to be used for promotion of the PSMP or in anything regarding the Ithaca Youth Bureau and the Paul Schreurs Memorial Program.

_____ My Child commits to attending 2 of the 3 days of the Paul Schreurs Memorial after-school program each week, while school is in session.

_____ (Student Initials)

I _____ (Parent) agree to attend the Family dinners that the Paul Schreurs Memorial Program provides 4 times a year. My child, _____ also commits to attending the family dinners with me.

Parent/ Guardian Signature: _____ Date: _____



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Paul Schreurs After-School/Activity Permission Form

I give permission for my child, _____, to attend the Paul Schreurs Memorial Program (PSMP) after-school program. I also give permission for my child to be transported to and from school in a city vehicle. I understand that my child will be picked up at their school and returned home, unless otherwise arranged. I further understand that participants may be going on various field trips during the year and unless otherwise stated, I give permission for him/her to participate. _____ (Parent Initial)

Name of Student: _____
Address: _____
City: _____ State: _____ Zip: _____
Name of parent or Guardian: _____
Home Phone: _____ Work Phone: _____
Email: _____

Please list any special needs, allergies, medications*, or any other information about your child that would be helpful for us to know about.

* Staff cannot administer medications

In case of an emergency please contact:

Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Relationship: _____

Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Relationship: _____

Parent/Guardian Signature: _____ Date: _____



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Paul Schreurs Memorial Program:
School Information Release

Parent/ Caregiver Name: _____
Home Phone: _____ Cell Phone: _____
Address: _____

Childs Name: _____
School: _____ Guidance Counselor: _____

I hereby grant permission for the Paul Schreurs Memorial Program staff, to make contact with my child during the school day for the purpose of giving ongoing support while she/he participates in the program, I also give permission for the school to regularly send copies of my child’s report card, progress reports, deficiency reports, achievements, and class schedule to the staff of the Paul Schreurs Memorial Program.

The school staff can also share any information with the Paul Schreurs Memorial Program staff about my child’s progress and academic standing.

This form is valid for the duration of my child’s stay at the school, unless written notice is received.

Parent/ Guardian signature: _____ Date: _____



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Paul Schreurs Memorial Program: Medical Form

This health form is kept confidential and used by the Paul Schreurs Memorial Program staff or emergency medical personnel. Every PSMP student needs a completed health form to participate in the program.

Contact Information:

Student Name: _____
(Last, First and Middle initial)
Date of Birth: ____ / ____ / ____ Age: _____
Home Address: _____

Parent/ Guardian #1 Name: _____
Relationship: _____
Day Phone: _____
Please circle one Home Work Cell
Night Phone: _____
Please circle one Home Work Cell

Parent/ Guardian #2 Name: _____
Relationship: _____
Day Phone: _____
Please circle one Home Work Cell
Night Phone: _____
Please circle one Home Work Cell

Emergency Contact #1 Name: _____
(in case we can't reach you)
Relationship: _____
Day Phone: _____
Please circle one Home Work Cell
Night Phone: _____
Please circle one Home Work Cell

Emergency Contact #2 Name: _____

(in case we can't reach you)

Relationship: _____

Day Phone: _____

Please circle one Home Work Cell

Night Phone: _____

Please circle one Home Work Cell

Family Physician Name: _____

Phone: _____ Address: _____

Insurance Information:

Is the Paul Schreurs Memorial Program Student covered by any medical insurance?

YES NO

If yes, indicate Insurance Carrier

Group # _____ Policy # _____

Policy Holder's Name _____

Relationship to Participant _____

Medications:

Will the participant be taking any medication while in the Paul Schreurs Memorial Program?

YES NO

Please list any Medication (prescription and non prescription), include the medication name, prescribing physician, physician's phone number and the dosage instruction (Medication includes prescription, over the counter, vitamins, inhaler, etc.)

Medication _____ Dosage taken _____ at what time _____
Prescribing Physician _____ Phone # _____

Medication _____ Dosage taken _____ at what time _____
Prescribing Physician _____ Phone # _____

Medication _____ Dosage taken _____ at what time _____
Prescribing Physician _____ Phone # _____

Allergies:

Does the PSMP student have any Allergies: YES NO

Please list Allergy and describe reaction and Treatment below:

My child has permission to engage in all prescribed Paul Schreurs Memorial Program activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medications and activity limitations, which should be known to the PSMP staff and medical personnel. I am aware of and accept the risk inherent in the Paul Schreurs Memorial Program activities. I give consent in advance for medical treatment at an appropriate facility in case of illness or injury.

Signature of Parent or Guardian: _____ Date: _____

