



Eureka!® Program Application

Eureka!® Summer 2018: July 9th – August 1st Application due: May 15th, 2018

To request an extension email: Eureka@gcr.girls-inc.org or call 374-9800 x223.

Please print in ink or type

Student Name: _____

Address: _____

City: _____ Zip: _____

Telephone: _____ Cell: _____

Your e-mail: _____

Your School: _____ What grade will you be in (September 2018)? _____

Your Age: _____ Your Birth Date: _____

Parent/Guardian Name[s]: _____

Relationship to Applicant: _____

Parent/Guardian Daytime Telephone Number[s]

Name

Number

FOR OFFICE USE ONLY	
Date App. Received:	_____ 12
Interview:	_____ Y _____ N
Date:	_____
Time:	_____
Notes:	_____

TO BE FILLED OUT BY STUDENT

In an effort to get to know you a little bit better we have written a few short answer questions below to be answered by the person who knows you best – you! This is an opportunity for *you* to share information about yourself in your own words. Relax, be honest, and do the best that you can. Please answer each question in a MINIMUM of three sentences. If you need more space you can add a page to the document.

1. *Why do you want to be a part of the Eureka! program?*

2. *What are your academic interests?*

3. *What other activities are you committed to and when/for how long do they meet?*

4. *Do you have any ideas about future careers and goals?*

5. *How would others describe you?*

6. *How would you describe yourself?*

7. *Do you know how to swim? Do you enjoy swimming?*

8. *Do you play any sports? Do you enjoy playing sports? What are your favorites and why?*

9. *Is there anything else you would like to share about yourself?*

10. *Is there anything that would prevent you from attending Eureka!® this summer from July 9th – August 1st from 8:00am to 5:00pm? (Transportation will be provided from Girls Inc. and will leave at 8:15.)*

1. What are your personal hopes and goals for your child's education?

2. Why do you want your daughter to attend this program?

3. Do you feel as though you will be able to commit your child to attending a full day, four week, STEM and leadership summer camp for the first two years of this program? Explain.

4. Is your daughter receiving any additional services at school or is she currently in a special education services? If so please explain so we can make sure to provide activities that will work for her if she is selected to participate.

5. Is there anything else you would like to share about your daughter?

6. Are you and your child committed to actively participate in this program until your child graduates high school?

Yes No Please explain "Yes" and "No" answers:

TO BE FILLED OUT BY PARENT/GUARDIAN

The following information is confidential and will be used for grant writing purposes and statistical use. Your name will never appear next to the information.

Mother/Father/Stepmother/Stepfather/Guardian/Other _____:

Circle highest level completed: Grades 1-8 Grades 9, 10, 11, 12 Assoc. Degree, BA or BS

Occupation _____ Employer _____

Part Time ____ Full Time ____ Number of years employed _____

Mother/Father/Stepmother/Stepfather/Guardian/Other _____:

Circle highest level completed: Grades 1-8 Grades 9, 10, 11, 12 Assoc. Degree, BA or BS

Occupation _____ Employer _____

Part Time ____ Full Time ____ Number of years employed _____

With whom does the student live?

Both parents ____ Father only ____ Mother only ____ Guardians ____ Mother/Stepfather ____ Father/Stepmother ____

Other ____ If Other, Please list Relationship _____

School lunch eligibility: Please Circle Free Reduced Paid

<u>Income Level:</u> <i>Please Circle</i>	<u># of people in Household:</u> <i>Please Circle</i>	<u>Girl's Ethnic Background:</u> <i>Please Circle</i>
Under \$10,000	1	Asian/Pacific American
\$10,000 to \$15,000	2	Black/African American
\$15,000 to \$20,000	3	Latino/Hispanic American
\$2,000 to \$25,000	4	Indian/Native American
\$25,000 to \$30,000	5	White/European American
\$30,000 to \$50,000	6	Multiracial/Multiple Heritage
\$50,000 and above	7 (+)	Other _____

If my daughter is accepted into the Eureka!® Program, I will encourage her to participate fully in all aspects of this 5 year program, including orientations, the four week summer sessions, and at minimum a monthly activity throughout the school year. I will ensure that all the proper forms are completed and returned on time. I will support her by attending required meetings and one or more of the following (field trips, commencement celebrations, year round follow-up session).

Parent/Guardian Name (print) _____ Signature _____ Date _____

If selected as a member of the Eureka!® Program, I agree to participate fully in all aspects of this 5 year program, including orientations, the four week summer sessions, and at minimum a monthly activity throughout the school year. I understand that my attendance is important in order for me to remain in and fully benefit from the program.

Student Name (print) _____ Signature _____ Date _____

Recommendations:

Please provide the name and telephone number of an adult (other than a family member) whom we can call for a recommendation. This could be a teacher, a counselor, a coach, or a mentor.

OR

Attach a letter(s) of recommendation from the individual(s). Please be sure their contact information is included below.

Name: _____

Number: _____

Name: _____

Number: _____

Applications can sent to Girls Inc. at:

Mail Application to:

Girls Inc.
962 Albany Street
Schenectady, NY 12307
Attention: Eureka!

Email Application to: Eureka@gcr.girls-inc.org

Subject: Eureka! Application

This program is contingent upon funding.

This application will not be processed if incomplete.