



Eureka!® Program Application

Eureka!® Summer 2021: July 5 th – July 30th Application due: September 15th, 2020

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

Applicant First Name: _____ Applicant Last Name: _____

Address: _____

City: _____ Zip: _____ Applicant's Cell: _____

Applicant's E-mail: _____

Applicant's School: _____ Grade: (September 2020) _____

Applicant's Age: _____ Birth Date: _____ T-shirt size _____

Parent/Guardian Name: _____

Relationship to Applicant _____ Contact Number: _____

Parent/Guardian Name: _____

Relationship to Applicant: _____ Contact Number: _____

TO BE COMPLETED BY APPLICANT

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!® Summer 2021 from July 5th – July 30th from 8:00am to 5:00pm?
(Transportation will be provided from Girls Inc. and will leave at 8:15.)

11. How did you hear about Eureka?

School Website Social Media A Friend Eureka! Member Other(please explain)

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 (9-5), 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:

7. How did you hear about Eureka?

School Website Social Media A Friend Eureka! Member Other (please explain below)

TO BE COMPLETED 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 ___ Joint Custody___ Guardians ___

Other ___ If Other, Please list Relationship _____

School lunch eligibility: Free Reduced Paid

Income Level:

Number of People in Household

Applicant's Ethnic/Racial Background

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 _____ 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.

Applicant's Name _____ 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 be 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.