



## Eureka!® Program Application

Eureka!® Summer 2021: July 6th – July 30th Application due: May 31, 2021

To request an extension email: [Eureka@gcr.girls-inc.org](mailto:Eureka@gcr.girls-inc.org) or call 374-9800 x223. \*\* Due to COVID-19 summer camp at UAlbany may change. We will update when more information is available.

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.)

School

Website

Social Media

A Friend

Eureka! Member

Other(please explain)

TO BE COMPLETED BY PARENT/GUARDIAN

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 (8-5), 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

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 \_\_\_\_\_ 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](mailto:Eureka@gcr.girls-inc.org)  
Subject: Eureka! Application

This program is contingent upon funding and upon NYS COVID-19 guidelines

This application will not be processed if incomplete.