

GIRLS INC. EUREKA! APPLICATION
Application Due Date April 20, 2018

Please print in ink

Student

Your Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Your Grade _____

Your Age _____ Your Birthdate: ____/____/____

Your School _____

Your School District _____

Your Race/Ethnic Background (*optional, for statistical purposes only*). Please check all that apply.

_____ African American _____ Asian American _____ European American

_____ Latina/Hispanic _____ Native American _____ Pacific Islander

Other (*Please specify*) _____

Parent/Guardian

Name(s) _____

Daytime Contact Information:

Area Code and Number: () _____ Area Code and Number: () _____

Email: _____ Email: _____

If your parent/guardian address is different from yours, please print here:

How did you first learn about Eureka!? _____ Friend _____ School _____ Mail _____ Newspaper

Are you on any sports teams, either in or out of school? _____ Yes _____ No

If you are on any teams, please list them:

If you are involved in math, science, or computer activities (other than school classes) in or out of school

(e.g., Operation SMART, school math team or club, computer group), please list them:

List any other activities in which you have participated. (Girl Scouts, 4-H, youth groups, etc.)

Think about the science and math courses you can take in high school. Please check each course you are interested in taking in high school.

SCIENCE COURSES

_____ General Science _____ Earth Science _____ Environmental Science
_____ Health Science _____ Chemistry _____ Other (Please list):
_____ Biology _____ Physics

MATH COURSES

_____ Basic Math _____ Business Math _____ First-year Math (Algebra I)
_____ Second-year (Geometry) _____ Third-year Math (Algebra II, Trig)
_____ Fourth-year Math _____ Calculus (Pre-Calculus)
_____ Other (Please list): _____

Are you eligible for free or reduced price lunch at school? _____ Yes _____ No _____ I don't know

Please list the name and telephone number of an adult (other than a family member) from whom we can request a written recommendation or whom we can call for a recommendation. This could be a teacher, an Operation SMART leader, a counselor, a coach, or a religious leader.

Name _____
Position _____
Years they have known you: _____ Phone _____

Circle how you plan to get to and from the departure location during Eureka!
Family member City bus Friends Car pool Walk Ride my bike I don't know
Other: _____

Why do you want to be part of the Eureka! Program?

Parent or Guardian: Please READ and SIGN

If my daughter is accepted into the Eureka! Program, I will encourage her to participate fully in all activities and see that she regularly attends during the four weeks in summer and follow-up sessions. I will see that all of the proper forms are completed and returned on time. I will support her by attending one or more of the following (Guardian/Daughter Orientation, Field Trips, Graduation, and Follow-up session).

Guardian Signature _____ Date _____

Before returning your application check that you have done the following: fully completed the application, included a copy of first semester grades, and included a copy of attendance record. Please list the name, address and phone number of someone living outside your household who will always know where your daughter lives (e.g., grandparent, godparent, family friend). We will only use this information if we cannot otherwise contact your daughter.

Name _____
Address _____
Daytime phone _____ Relationship _____