

GIRLS INC. EUREKA! APPLICATION
Application Due Date April 30, 2019

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 _____