



of Greater Philadelphia  
& Southern New Jersey

**Dear Parent/Guardian(s):**

Girls Inc. of Greater Philadelphia and Southern New Jersey would like to invite you and child to apply for the Eureka! program. Eureka! is a five-year transformative and intensive STEM-based program designed to engage and empower 8th-12th grade girls to see themselves as an important part of the STEM workforce of the future through year-round college readiness, paid internships, and mentoring opportunities.

The program is designed to encourage sisterhood, healthy risk taking, and STEM exploration through an exciting and engaging year-round learning experience. Girls will participate in a four-week summer camp held at Drexel University for the first two years of the program, and monthly sessions will take place one Saturday a month during the school year. STEM activities will be facilitated by both professors and students from Drexel University's College of Engineering and the CASTLE program. Complementary activities including swimming instruction, sports, and health/wellness workshops will be on the campus of and by the University of Pennsylvania Athletic Department.

In addition, participants will enroll in a series of personal development programs during the five-year term in the program. Topics will include financial literacy, job readiness skills, comprehensive health education, substance abuse and prevention, and leadership development. Personal Development sessions will be led by Girls Inc. staff.

We are recruiting 35 curious, open-minded, and excited girls who will benefit from this experience. She committed to this five-year program. A Eureka! girl is in good standing if she attends at least 70% of school year programming and 80% of summer programming.

Please see important dates below:

<b>March 29, 2019</b>	Eureka! Application Due
<b>April 8, 2019 - May 3, 2019</b>	Eureka! Interviewing Window
<b>May 13, 2019 - May 17, 2019</b>	Acceptance Letters Distributed
<b>June 22, 2019</b>	Eureka! Summer Camp Orientation
<b>July 8, 2019 - August 2, 2019</b>	Eureka! Summer Camp
<b>September 14, 2019</b>	Eureka! Team Building Retreat
<b>October 12, 2019</b>	Communication & Collaboration
<b>November 9, 2019</b>	Decision Making: Making Tough Choices
<b>December 14, 2019</b>	Goal Setting: Planning for the Future
<b>January 20, 2020</b>	MLK Day of Service
<b>February 8, 2020</b>	Critical Thinking & Problem Solving
<b>March 21, 2020</b>	College Visit and Tour
<b>April 18, 2020</b>	Family Engagement: Love & Limits
<b>May 16, 2020</b>	Creative Thinking: Exploring STEM and Art
<b>June 6, 2020</b>	Milestone Celebration



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Please use the checklist below to ensure your application is complete in its entirety and attach this page to the front of the application.

☒	Application Item	Details
	Application Cover Page	(Page 2) this form, with all items checked
	Girls Inc. General Information Application and Waiver/Release Forms	(Page 3-5) to be filled out by parent/guardian
	Eureka! Participant Open-Ended Questions	(Page 6) to be filled out by applicant
	Eureka! Parent/Guardian Open-Ended Questions	(Page 7) to be filled out by parent/guardian
	Commitments	(Page 8) to be signed and completed by applicant AND parent/guardian
	Report Card or Middle School Transcript	Can be official, scanned, or photocopied. Minimum 2.0 Overall GPA to apply
	Letters of Recommendation	1 sealed letter or email from a non-family member adult (can be coach, teacher, mentor, etc.) <ul style="list-style-type: none"> <li>• If emailed, please include last name in Subject Line               <ul style="list-style-type: none"> <li>○ <a href="mailto:skane@girlsincpa-nj.org">skane@girlsincpa-nj.org</a></li> </ul> </li> </ul>

**Application Submission Due Date: 5:00PM March 29, 2019**

If you are emailing the application, please be sure that it is in PDF form. Please find where to send applications below:

*Mailed Applications:*

**ATTN: Eureka!**  
**Girls Inc. of Greater Philadelphia & Southern NJ**  
**1501 Cherry Street**  
**Philadelphia, PA 19102**

*Emailed Applications:*

[skane@girlsincpa-nj.org](mailto:skane@girlsincpa-nj.org)  
**SUBJECT LINE: (LAST NAME), Eureka! Application**



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**APPLICANT INFORMATION (Please print clearly)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Age: \_\_\_\_\_

New or Returning Applicant: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Grade in Fall 2019: \_\_\_\_\_

School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

T-Shirt Size:  Youth SM  Youth M  Youth L  Adult SM  Adult M  Adult L  Adult XL  Adult XXL

How did you hear about the Eureka! program? \_\_\_\_\_

Participant's Phone #: \_\_\_\_\_ Participant's Email: \_\_\_\_\_

**Swimming Skill Level:**

- Non-swimmer/Beginner**-demonstrate coordination but uses assistance when swimming or a fear of water.)
- Intermediate** – demonstrates forward motion in the water on back and front without assistance.
- Advanced**- able to swim the length of the pool without stopping, demonstrates proficient front and back stroke skills.

**PARENT/GUARDIAN INFORMATION:**

**1. Relation to girl (Circle one):** Mother Father Grandparent Aunt Uncle Foster Parent Other: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact:  Yes  No Highest Level of Education Completed: \_\_\_\_\_

**2. Relation to girl (Circle one):** Mother Father Grandparent Aunt Uncle Foster Parent Other: \_\_\_\_\_

Parent/Guardian First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Address ( Check box if address is the same): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact:  Yes  No Highest Level of Education Completed: \_\_\_\_\_



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**DEMOGRAPHIC INFORMATION**

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**Race:**  American Indian/Native American  
 Black/African American  
 Hispanic/Latino  
 White/European Descent  
 Asian/Pacific Islander  
 Multiracial \_\_\_\_\_  
 Other: \_\_\_\_\_

**My child lives with:**  Both Parents  
 Mother Only  
 Father Only  
 Foster Parent  
 One Parent at a time  
(Joint Custody)  
 Other: \_\_\_\_\_

**Household Income:**  Less than \$10,000  \$10,000-\$20,000  \$20,001-\$30,000  
 \$30,001-\$50,000  Greater than \$50,000

**Total Household Members:** \_\_\_\_\_

School Lunch Eligibility:  Free  Reduced  Full Priced

**Main Language Spoken At Home:**  English  Spanish  Other \_\_\_\_\_

**AUTHORIZED PICK-UPS & EMERGENCY CONTACTS**

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Please list 3 additional authorized pick-ups/emergency contacts for your child. Only names listed below will have ability to take your child home from programming. This form will accompany staff on field trips and will be used to contact a caregiver in the event of an emergency. Please provide up to date information.

1. **Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_  
**Relationship to Participant:** \_\_\_\_\_
2. **Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_  
**Relationship to Participant:** \_\_\_\_\_
3. **Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_  
**Relationship to Participant:** \_\_\_\_\_

I give permission for my child to take public transportation home on her own.  YES  NO

**Additional Information:**

**Medical Insurance Provider:** \_\_\_\_\_

**Group Number:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_



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**OFFICIAL CONSENT & WAIVER**

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Please initial each of the following:

\_\_\_\_\_ I give informed consent and permission for my child to participate in Eureka! and all related activities.

\_\_\_\_\_ I understand that Eureka! is a 5 year program and participation is required. I understand that my child my participate in 70% of school year monthly sessions and 80% of summer camp sessions. Missing more than the required number of sessions without a formal excuse can result in dismissal from the program.

\_\_\_\_\_ I agree to follow all Eureka! program guidelines and understand that a violation on my child’s part will result in suspension from the program.

\_\_\_\_\_ I agree to provide my child’s report cards as they become available.

\_\_\_\_\_ I will notify the Girls Inc. Eureka! Coordinator 1 day in-advance if my child can not attend a session.

\_\_\_\_\_ I give permission for my child to take the **Strong, Smart & Bold Outcomes Survey**. The survey will take place at Girls Inc., and asks girls questions about topics such as nutrition and physical activity, school engagement and grades, leadership and relationship skills, risky behaviors like alcohol, tobacco, and drug use, and her experience at Girls Inc. Results will be used to tailor the program and build on her experience in Girls Inc.

\_\_\_\_\_ I give permission for Girls Inc., corporate sponsors, and funders to use the first name and photos of the girl listed below to showcase their involvement in Girls Inc. programs. Photos and/or video recordings can be posted on the Girls Inc. and corporate sponsor websites, newsletter articles, and other promotional literature.

\_\_\_\_\_ By signing this Waiver and Release of Liability (Agreement), I waive and release Girls Inc. of Greater Philadelphia & Southern NJ, its agents, servants, employees, insurers, successors and assigns from any and all claims, demands, causes of action, damages or suits at law and equity of any kind, including but not limited to claims for personal injury, accidents, illness, property damage, medical expenses, loss of services, on account of or in any way related to or growing out of my presence or involvement at the facility. I give consent for my daughter to receive medical treatment hospitalization, if necessary and understand payment will be my responsibility.

**Parent/Guardian Name (print):** \_\_\_\_\_

**Parent/Guardian Name (signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

If selected as a member of Eureka!, I agree to participate fully in all aspects of this 5 year program, including the orientation, summer camp, and monthly sessions throughout the school year. I understand that my attendance is important in order to remain enrolled and fully benefit from the program.

**Participant Name (print):** \_\_\_\_\_

**Participant Name (signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_



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### Open-Ended Questions

We are excited to get to know you better! Please respond to the following questions. This is an opportunity for *you* to share information about yourself in your own words. Relax, be honest, and do the best you can. Please answer each question in a minimum of three sentences. If you need more space, please be sure to indicate where your extra space has been added. Thank you!

#### To be completed by participant:

1. How would you describe yourself? Is there something about you that people may be surprised to know?

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2. How do you think *others* would describe you?

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3. What other school year and/or summer activities are you committed to and how many times a week do they meet? What do you enjoy most about these activities?

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4. Why do you want to learn more about science, technology, engineering and/or math? How do you think Eureka! can help you explore your interests?

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5. What does it mean to you to “take healthy risks?”

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6. Where do you see yourself 5 years from now?

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**To be completed by parent/guardian**

Please answer the following questions about your child:

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

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2. How would Eureka! help your child achieve her goals?

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3. Are there any challenges that you foresee that could prevent your child from completing the mandatory/required 5 year Eureka! program (summer and monthly sessions)? Explain.

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4. Is your child receiving any additional services at school that we should be aware of? Is she currently in special education services (for example, an IEP)? Does she have any allergies, medications, diagnoses, or other concerns? Please explain so we can make sure to provide activities that will be accessible and applicable to each girl should she be selected.

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Applications can be submitted to Girls Inc. of Greater Philadelphia & Southern NJ any time before but no later than 5:00 PM on March 29, 2019.

*Mailed Applications:*

**ATTN: Eureka!  
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1501 Cherry Street  
Philadelphia, PA 19102**

*Emailed Applications:*

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SUBJECT LINE: (LAST  
NAME), Eureka! Application**



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### Letter of Recommendation Request

Part of the Eureka! selection process requires a letter of recommendation from a non-family member who knows the girl exceptionally well and can vouch for her acceptance into the program. By receiving this form, the applicant has requested a letter from you. Your letter is a critical part for our selection and awareness process. In your letter, please provide answers and information for all of the following:

- Applicant's Full Name
- Your name, title, and relationship with the applicant
- **Question 1:** Why do you believe this applicant should be a part of Eureka!
- **Question 2:** How will Eureka! positively influence the applicant's life?
- **Question 3:** Are you aware of any circumstances that would prevent the applicant from committing to the 5 year program in its entirety?
- **Question 4:** Does the applicant have an enthusiasm for learning?

All questions must be addressed in your recommendation. The letter should be returned to the applicant in a sealed envelope for submission with her application package. All applications are due by 5:00 PM on March 29, 2019. Letters may be sent to the following:

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**1501 Cherry Street**  
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