Dear Parent/Guardian(s):

Girls Inc. of Greater Philadelphia & Southern New Jersey would like to invite you and your child to apply for the Eureka! program. This program 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. We are recruiting 20-25 curious, open-minded, and overall excited girls who will benefit from this experience.

The program is designed to encourage sisterhood, healthy risk taking, and STEM exploration through year-round college readiness, paid internships, and mentoring opportunities. The first two summers will have girls experience on-campus facilitation and exploration at Drexel University and the University of Pennsylvania during a 4-week summer camp. Saturday sessions will occur once a month during the school year to bolster summer their experience and knowledge. STEM activities will be led by both professors, faculty, and undergraduate students from Drexel University’s College of Engineering and CASTLE Program. Complementary activities will include swimming instruction, sports, health and wellness workshops led by the University of Pennsylvania’s Athletic Department.

In addition, personal development programming during the five-year Eureka! program. Topics will include financial literacy, job readiness skills, comprehensive healthy sexuality education, substance abuse and prevention, and leadership development. Personal Development sessions will follow Girls Inc. National Curriculum and will be facilitated by Girls Inc. Staff and vetted community partners.

A Eureka! girl and parent/guardians must be able to commit to the entirety of the five-year program, including summer and monthly Saturday sessions. Please see below for important dates:

<table>
<thead>
<tr>
<th>Rolling</th>
<th>Eureka! Application Due</th>
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<tbody>
<tr>
<td>February 22-April 25, 2020</td>
<td>Eureka! Interview Window</td>
</tr>
<tr>
<td>May 11-15, 2020</td>
<td>Acceptance Letters Distributed</td>
</tr>
<tr>
<td>June 13, 2020</td>
<td>Eureka! Summer Camp Orientation</td>
</tr>
<tr>
<td>July 6-July 31, 2020</td>
<td>Eureka! Summer Camp</td>
</tr>
</tbody>
</table>

With any questions or concerns, please contact Sarah Kane at skane@girlsincpa-nj.org or via phone call at (215) 735-7775 ext. 408.

Thank you,

Sarah Kane
Eureka! Coordinator
APPLICATION CHECKLIST

Please use the following checklist to ensure that you are ready to submit your complete application.

<table>
<thead>
<tr>
<th></th>
<th>Application Item</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td>Application Checklist</td>
<td>This form, with all items checked</td>
</tr>
<tr>
<td></td>
<td>Girls Inc. General Information Application and Waiver/Release Forms</td>
<td>Completed by both Applicant &amp; Parent/Guardian</td>
</tr>
<tr>
<td></td>
<td>Eureka! Participant Open-Ended Questions</td>
<td>Completed by Applicant</td>
</tr>
<tr>
<td></td>
<td>Eureka! Parent/Guardian Open-Ended Questions</td>
<td>Completed by Parent/Guardian</td>
</tr>
<tr>
<td></td>
<td>Commitments</td>
<td>To be signed and completed by applicant AND parent/guardian</td>
</tr>
<tr>
<td></td>
<td>Report Card or Middle School Transcript</td>
<td>Can be official, scanned, or photocopied. Minimum 2.0 Overall GPA to apply</td>
</tr>
<tr>
<td></td>
<td>Letter of Recommendation</td>
<td>1 sealed letter or email from a non-family member adult (can be coach, teacher, mentor, etc.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● If emailed, please send to <a href="mailto:skane@girlsincpa-nj.org">skane@girlsincpa-nj.org</a> with subject line exactly as follows: ○ “Last Name, First Name Eureka!”</td>
</tr>
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</table>

Application Submission Due Date: 5:00PM March 27, 2020

Mailed applications must be postmarked by March 25th at the latest. Emailed applications are due by 5:00 on March 27th

<table>
<thead>
<tr>
<th>Mailed Applications:</th>
<th>Emailed Applications:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATTN: Sarah Kane, Eureka! Application Girls Inc. of Greater Philadelphia &amp; Southern NJ 1501 Cherry Street Philadelphia, PA 19102</td>
<td><a href="mailto:SKANE@girlsincpa-nj.org">SKANE@girlsincpa-nj.org</a> Subj: Last Name, First Name Eureka! Application</td>
</tr>
</tbody>
</table>

You will receive a confirmation email that your application has been received and is processing.
### GIRLS INC. GENERAL INFORMATION APPLICATION:

#### About Applicant:

<table>
<thead>
<tr>
<th>First Name: _____________________________</th>
<th>Middle Initial: ______</th>
<th>Last Name: __________________________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Birthday (MM/DD/YYYY): _____________</th>
<th>School: ________________________</th>
<th>Current Grade: ______</th>
</tr>
</thead>
</table>

T-Shirt Size (Circle One):   S   M   L   XL   XXL

Participant Phone: ___________________ Email: ___________________

#### MEDICAL & BEHAVIORAL INFORMATION:

Does the child have any allergies, diagnoses, or any other health conditions?  □ YES  □ NO

If yes, please list all allergies, medication, diagnoses, or conditions that may impact participation in a Girls Inc. activity: ______________________________________________________

____________________________________________________________________________________

Please include any way these conditions or behaviors can be accommodated. Please describe behaviors we should expect to see, or behavior modifications used at home or school. This will help us work with you as a team to help your child succeed. Additional sheets can be attached or discussed with Girls Inc. Staff.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

### PARENT/GUARDIAN INFORMATION: (Please print clearly)

1. Relation to Girl (please circle one): Mother    Father    Grandparent    Aunt    Uncle    Foster Parent    Other

<table>
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<tr>
<th>First Name: _________________________________________</th>
<th>Last Name:_________________________________________</th>
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</table>

Address:_______________________________City:____________________State:____________Zip Code:______________

Home Phone Number: ___________________ Cell Phone Number: ______________

Email Address: ___________________________ Emergency Contact for Participant? □ Yes □ No

Level of Education: □ Less than high school □ High School Diploma/GED □ Some College

□ Associates/Occupational Certificate □ Bachelors □ Masters □ Doctoral Degree □ Professional Degree  
(e.g., MD or JD)

2. Relation to Girl (please circle one): Mother    Father    Grandparent    Aunt    Uncle    Foster Parent    Other

<table>
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<th>Last Name:_________________________________________</th>
</tr>
</thead>
</table>

Address:_______________________________City:____________________State:____________Zip Code:______________

Home Phone Number: ___________________ Cell Phone Number: ______________

Email Address: ___________________________ Emergency Contact for Participant? □ Yes □ No

Level of Education: □ Less than high school □ High School Diploma/GED □ Some College

□ Associates/Occupational Certificate □ Bachelors □ Masters □ Doctoral Degree □ Professional Degree  
(e.g., MD or JD)

1501 Cherry Street
Philadelphia, PA 19102
215-735-7775
www.girlsincpa-nj.org
DEMOGRAPHICS (PLEASE CHECK ALL BOXES THAT APPLY):

Race: □ American Indian/Native American □ Black/African American □ Hispanic/Latino □ White/European Descent □ Asian/Pacific Islander □ Multiracial: ____________________ □ Other: ____________________

□ Other: ____________________

My Child Lives With: □ Both Parents □ Mother Only □ Father Only □ Foster Parents □ One Parent at a time (joint custody)

Income: □ Less than $10,000 □ $10,000-$20,000 □ $20,001-$30,000 □ $30,001-$50,000 □ Greater than $50,000

Household Members: _____ School Lunch Eligibility: □ Free □ Reduced □ Full Priced

Main Language Spoken at Home: ________________________________ Number of People in Home: ____________

AUTHORIZED CONTACTS TO PICK UP CHILD & MEDICAL INSURANCE INFORMATION:

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 (aside from parent/guardians indicated on the previous page). This form will accompany staff on field trips and will be used to contact a caregiver in the event of an emergency.

1. First & Last Name: ______________________________ Phone: ______________________ Email: _______________________
   Relation to Participant: __________________________

2. First & Last Name: ______________________________ Phone: ______________________ Email: _______________________
   Relation to Participant: __________________________

3. First & Last Name: ______________________________ Phone: ______________________ Email: _______________________
   Relation to Participant: __________________________

Does your child have permission to take SEPTA home on her own? _____YES or _____NO
Does your child have your permission to walk home on her own? _____YES or _____NO

Medical Insurance Provider: __________________________________________

Group Number: __________________________________ Policy Number: __________________________

Girls Inc. of Greater Philadelphia & Southern NJ Article & Photo Release Consent Form:

I hereby 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 sponsors websites, newsletter articles, and other promotional literature.

Participant’s Full Name: ______________________________ Date of Birth (MM/DD/YYYY): __________________

Parent/Guardian Signature: ____________________________ Date: __________________________
Girls Inc. of Greater Philadelphia & Southern NJ Article & Photo Release Consent Form (cont’d):

I would like to be enrolled in the Girls Inc. of Greater Philadelphia & Southern New Jersey’s email list-serve. I understand that I will receive updates on upcoming programming and events periodically. I understand that I can opt out of this service at any time.

YES: ____________ NO: ____________

Official Consent and Waiver:

1. 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 including hospitalization, if necessary and understand payment will be my responsibility. This waiver and release is intended to and does release Girls Inc. of Greater Philadelphia & Southern NJ from any and all liability for damages or injuries on account of or in any way related to or growing out of my negligence, the negligence of third parties and Girls Inc. of Greater Philadelphia & Southern NJ’s negligence. This is not intended to release Girls Inc. of Greater Philadelphia & Southern NJ from any liability resulting from their intentional conduct.

2. I further covenant and agree not to institute any claims or legal action against Girls Inc. of Greater Philadelphia & Southern NJ for any claim released by this Agreement. I further agree that should any claim be made against Girls Inc. of Greater Philadelphia & Southern NJ in contravention of this Agreement, including but not limited to derivative claims, I will protect, defend and completely indemnity (reimburse) Girls Inc of Greater Philadelphia & Southern NJ for any such claim and expenses including attorney’s fees and costs incurred by Girls Inc. of Greater Philadelphia & Southern NJ in defending themselves or security indemnity hereunder.

3. I understand that Girls Inc. of Greater Philadelphia & Southern NJ is not responsible for any lost, stolen, or damaged valuables or property.

4. I fully understand that all persons participating in Girls Inc. programs/activities are to abide by all rules and regulations governing conduct the activity. Any violation of these rules may result in the individual being removed from the activity at the expense of the parent/guardian.

I have read the Agreement and understand that by signing the Agreement I have consented to be bound by its terms, including the waiver/release of any legal right I may have to sue Girls Inc. of Greater Philadelphia & Southern NJ for any costs they incur because a claim or legal action is brought in violation of this Agreement. I agree any violation of the Agreement and its terms and conditions, as determined by Girls Inc. of Greater Philadelphia & Southern NJ, will voice and terminate this Agreement and may result in loss of the ability to use the facility. I fully understand, and I acknowledge this by voluntarily signing this form.

Parent/Guardian Printed Name    Parent/Guardian Signature    Date
To be completed by applicant:

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. Please answer each question in a *minimum of three sentences*. If you need more space, indicate where your extra space has been added. Thank you!

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

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

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

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

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?

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

4. What gets you excited about Science, Technology, Engineering, and Math? How do you think Eureka! can help you explore your interests?

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

5. What does it mean to you to “take healthy risks?” Can you think of a specific time you took a healthy risk?

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

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

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________
To be completed by parent/guardian:

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

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

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

________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

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.

________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

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.

________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Commitment & Understanding:

If my child is accepted to Eureka!, I will encourage her to participate fully in all aspects of this 5 year program. I will ensure that all the proper forms are completed and returned on time. I will also support her by attending required meetings and being of assistance in any way I can. I am aware that Girls Inc. of Greater Philadelphia & Southern New Jersey as well as local partners are making an investment in each girl, and helping prepare her for upcoming transitional and transformational phases of her life.

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 orientations, the four week summer sessions, and monthly activities throughout the school year. I understand that my attendance is important in order for me to remain enrolled and fully benefit from the program.

Participant Name (signature): ____________________________     Date: _______________
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 vie 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 27, 2020. Letters may be sent to the following:

<table>
<thead>
<tr>
<th>Mailed Letters of Recommendation:</th>
<th>Emailed Letters of Recommendation:</th>
</tr>
</thead>
</table>
| **ATTN:** Sarah Kane, Eureka! Application  
Girls Inc. of Greater Philadelphia & Southern NJ  
1501 Cherry Street  
Philadelphia, PA 19102 | **SKANE@girlsincpa-nj.org**  
Subj: Last Name, First Name Eureka! Letter of Recommendation |