



of Greater Philadelphia  
& Southern New Jersey

1501 Cherry Street  
Philadelphia, PA 19102  
215-735-7775  
www.girlsincpa-nj.org

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 8<sup>th</sup>-12<sup>th</sup> 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:

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

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

Thank you,

Sarah Kane  
Eureka! Coordinator



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**APPLICATION CHECKLIST**

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

☒	Application Item	Details
	Application Checklist	This form, with all items checked
	Girls Inc. General Information Application and Waiver/Release Forms	Completed by both Applicant & Parent/Guardian
	Eureka! Participant Open-Ended Questions	Completed by Applicant
	Eureka! Parent/Guardian Open-Ended Questions	Completed by Parent/Guardian
	Commitments	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
	Letter of Recommendation	<p>1 sealed letter or email from a non-family member adult (can be coach, teacher, mentor, etc.)</p> <ul style="list-style-type: none"> <li>• If emailed, please send to <a href="mailto:skane@girlsincpa-nj.org">skane@girlsincpa-nj.org</a> with subject line exactly as follows:             <ul style="list-style-type: none"> <li>○ "Last Name, First Name Eureka!"</li> </ul> </li> </ul>

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

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

<p>Mailed Applications: <b>ATTN: Sarah Kane, Eureka! Application</b> Girls Inc. of Greater Philadelphia &amp; Southern NJ 1501 Cherry Street Philadelphia, PA 19102</p>	<p>Emailed Applications: <a href="mailto:SKANE@girlsincpa-nj.org">SKANE@girlsincpa-nj.org</a> Subj: Last Name, First Name Eureka! Application</p>
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*You will receive a confirmation email that your application has been received and is processing.*



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**GIRLS INC. GENERAL INFORMATION APPLICATION:**

**About Applicant:**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthday (MM/DD/YYYY): \_\_\_\_\_ School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

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

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

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

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

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)



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**DEMOGRAPHICS (PLEASE CHECK ALL BOXES THAT APPLY):**

Race:	My Child Lives With:	Income:
<input type="checkbox"/> American Indian/Native American	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Less than \$10,000
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Mother Only	<input type="checkbox"/> \$10,000-\$20,000
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Father Only	<input type="checkbox"/> \$20,001- \$30,000
<input type="checkbox"/> White/European Descent	<input type="checkbox"/> Foster Parents	<input type="checkbox"/> \$30,001 - \$50,000
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> One Parent at a time (joint custody)	<input type="checkbox"/> Greater than \$50,000
<input type="checkbox"/> Multiracial: _____	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Other: _____		

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: \_\_\_\_\_



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**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 indemnify (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 void 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.

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Parent/Guardian Printed Name

Parent/Guardian Signature

Date



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**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?

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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. What gets you excited about Science, Technology, Engineering, and 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?" Can you think of a specific time you took a healthy risk?

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

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**To be completed by parent/guardian:**

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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**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:** \_\_\_\_\_



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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 27, 2020. Letters may be sent to the following:

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