For Office Use Only
Date App. Recieved: _____
*Interview Date:*_____
Time: _____
*Location:*_____

Eureka! Program Application

Application Due: November 6, 2026

To submit application or to request an extension, email: cgonzalez-dumarce@girlsincomaha.org

Please print in ink or type

Student Name: _____

Address: _____

City: _____

Parent/Guardian Name: _____

Relationship to applicant: _____

Parent/Guardian Phone Number: _____Circle: Mobile or Home

Parent/Guardian E-mail: _____

Student Phone Number: _____Circle: Mobile/Home

Student Email*:

_____

(**many school emails are restricted so please include a Gmail or iCloud if you have one. If you do not have one, please write 'N/A'*)

To Be Filled Out by Student

Name: _____

School you are Attending: _____

HS Graduation Year: _____

Age: _____

Birthdate: _____

T-Shirt Size(adult) *Please Pick One*

☐ XS ☐ Small ☐ Medium ☐ Large ☐ XL ☐ 2XL ☐ 3XL ☐ 4XL

To get to know you a little better, we have written a few short answer questions below to be answered by the person who knows you best-- you! This is an opportunity for *you* to share information about yourself in your own words. Relax, be honest, and do the best that you can.

Please answer each question in a **MINIMUM of three sentences**. You can add a page to the document if you need more space.

1. Why do you want to be a part of the Eureka! Program?
   _____
   _____
   _____

2. Do you enjoy STEM? What do you like/dislike about it?
   _____
   _____
   _____

3. What are your academic interests? What classes or school topics excite you?
   _____
   _____
   _____

4. Are there any afterschool activities you are committed to and when/for how long do they meet?

5. What are a few of your favorite hobbies? What skills have you learned from them?

6. Do you have any current volunteer experience?

7. Do you have any ideas about future careers and goals?

8. How would others describe you?

9. How would you describe yourself?

10. Is there anything else you would like to share about yourself?

To Be Filled Out by Parent/Guardian

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

2. Why do you want your child to attend this program?

3. Do you feel as though you will be able to support your child to attend the summer camp and internship components? Explain.

4. Does your child have an IEP/Accommodations through the school they attend? If so, please elaborate so that we can create the best environment for your child to succeed.

5. Is there anything else you would like to share about your child?

6. Do you foresee any issues that would inhibit your child's school year commitment to this program until your child graduates' high school? This includes attending programming during the school year.

☐ Yes ☐ No Please explain "Yes" or "No" answers.

The following information is confidential and will be used for grant writing purposes and statistical use. Your name will never appear next to the information.

Parent/Guardian [1]

Choose one of the following:

☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Guardian ☐ Other

Highest level completed:

☐ Grades 1-8 ☐ Grade 9 ☐ Grade 10 ☐ Grade 11 ☐ Grade 12

☐ Assoc. Degree ☐ Bachelor of Art ☐ Bachelor of Science

☐ Master's Degree ☐ Doctorate

Occupation: _____

Employer: _____

☐ Part Time ☐ Full-Time Number of Year employed: _____

Parent/Guardian [2]

Choose one of the following:

☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Guardian ☐ Other

Highest level completed:

☐ Grades 1-8 ☐ Grade 9 ☐ Grade 10 ☐ Grade 11 ☐ Grade 12

☐ Assoc. Degree ☐ Bachelor of Art ☐ Bachelor of Science

☐ Master's Degree ☐ Doctorate

Occupation: _____

Employer: _____

☐ Part Time ☐ Full-Time Number of Year employed: _____

With whom does the student live?

☐ Both parents ☐ Father only ☐ Mother only ☐ Guardian ☐ Other
If 'Other', please list relationship: _____

School Lunch eligibility:

☐ Free ☐ Reduced ☐ Paid

Please indicate which is most accurate of your circumstances:

Income Level:	# of People in Household	Student's Ethnic Background
Under $10,000	1	Asian/Pacific American
$10,000-$15,000	2	Black/African American
$15,000-$20,000	3	Latino/Hispanic American
$20,000-$25,000	4	Indian/Native American
$25,000-$30,000	5	White/European American
$30,000-$50,000	6	Multiracial/Multiple Heritage
$50,000 and above	7+	Other: _____

If my child is accepted into the Eureka! Program, I will encourage her to participate fully in all aspects of this 5-year program, including orientations, the four week summer sessions, and at minimum a monthly activity throughout the school year. I will ensure that all the proper firms are completed and returned on time. I will support her by attending required meetings and one or more of the following field trips, commencement celebrations, year-round follow-up sessions:

Parent/Guardian Name(print): _____

Signature: _____

Date: _____

If selected as a member of the Eureka! Program, I agree to participate fully in all aspects of this 5-year program, including orientations, the four week summer sessions, and at minimum a monthly activity throughout the school year. I understand that my attendance is important for me to remain in and fully benefit from the program.

Student Name(print): _____

Signature: _____

Date: _____

Recommendations

Please provide the name and telephone number of an adult (other than a family member) to whom we can call for a recommendation. This could be a teacher, a counselor, a coach, or a mentor.

OR

Attach a letter(s) of recommendation from the individual(s). Please be sure that their contact information is included below.

Name: _____ Email: _____
Phone Number: _____ Circle: Mobile/Home

Name: _____ Email: _____
Phone Number: _____ Circle: Mobile/Home

Visit us at Eureka! Fostering Curiosity, Knowledge, and Confidence

Applications can be sent to Girls Inc. at:

Mail Application to:
Girls Inc.
2811 N 45th St
Omaha, NE 68104
Attention: Eureka!

OR

Email Application to:
cgonzalez-dumarce@girlsincomaha.org
Subject: Eureka! Application

This program is contingent upon funding.

This application will not be processed if it is incomplete.