

# Girls in Engineering Academy (GEA)

Summer Program: July 12, 2021—August 6, 2021

Academic Year Program: October 2, 2021—May 15, 2022



## INCOMING STUDENT APPLICATION – YEAR 1

**A Summer and Academic Year Pre-Engineering Program for  
Middle School Girls**

Please print or type all information. Additional sheets may be attached if necessary.

### ***Applicant Information***

**DATE** \_\_\_\_\_

**Student Name** (Last, First, MI): \_\_\_\_\_

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

City, State, & Zip Code: \_\_\_\_\_

Home Telephone: (    ) \_\_\_\_\_

Cell Telephone: (    ) \_\_\_\_\_

Date of Birth (MM/DD/YY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### ***Parent/Guardian Information***

**Name (MOTHER):** \_\_\_\_\_

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

City, State, & Zip Code: \_\_\_\_\_

Cell/Home Telephone: (    ) \_\_\_\_\_ (    ) \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Name (FATHER):** \_\_\_\_\_

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

City, State, & Zip Code: \_\_\_\_\_

Cell/Home Telephone: (    ) \_\_\_\_\_ (    ) \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Academic Information**

Name of Middle School \_\_\_\_\_

Current Grade: \_\_\_\_\_ GPA: \_\_\_\_\_ (If available)

Expected date of graduation: \_\_2022 \_\_2023 \_\_2024 \_\_2025  
(from Middle School)

**Demographic Data**

<b><i>Ethnicity</i></b> <b><i>(Select one)</i></b>	<b><i>Race</i></b> <b><i>(Select all that apply)</i></b>	<b><i>Disability Status</i></b> <b><i>(Select all that apply)</i></b>
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Mobility or Orthopedic Impairment <input type="checkbox"/> Other

**Activities**

Please list any school activities that you have participated in:

<b>Activity</b>	<b>Dates of Participation</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## **Required Application Materials**

1. **Essay:** On a separate page, please attach an essay explaining why you want to participate in the Girls in Engineering Academy, how this program can help prepare you for a future career in engineering, and what you hope to gain from the experience. Your essay should be at least 150-200 words. Please include your name and the date at the top of your essay.
2. **Recommendation Form:** Please provide two recommendations from a current teacher, guidance counselor, or principal.
3. **School Transcript:** Please include an official school transcript with your application form.
4. **Citizenship Information:** United States Citizen? YES \_\_\_\_\_  
NO \_\_\_\_\_
5. **Forms:**
  - Parental/Guardian Consent and Release form
  - Image Consent and Release form
  - Consent for Medical Treatment

## ***Application Deadlines and Decision***

The application deadline is **Monday, May 31, 2021**. Applications will be considered as they are received during the application timeline. Students will be notified of a decision within two weeks after their application has been received. Decisions will be based on the student's essay, recommendations, and school transcript grades. All interested students are encouraged to apply.

## ***Program Fees are Due With Your Application***

The cost of the program is **\$200** per student. Once accepted into the program, a **non-refundable fee of \$50** is required as a deposit within two weeks of notification acceptance. The remainder of the fee will be **due no later than Friday, April 30, 2021**. The \$200 program fee for the Girls in Engineering Academy will cover the cost of instructional materials and STEM kits and supplies. We accept money orders, checks, cashier's checks, cash or credit cards. If you are paying by check, money order or cashier's check, please make payable to: **Engineering Society of Detroit. (PLEASE PLACE YOUR DAUGHTER'S NAME ON YOUR CHECK)**

**How did you hear about the Girls in Engineering Academy Program?**

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Parent/Guardian            | <input type="checkbox"/> ESD Website |
| <input type="checkbox"/> Teacher/Guidance Counselor | <input type="checkbox"/> Friend      |
| <input type="checkbox"/> School Principal           | <input type="checkbox"/> Email       |
| <input type="checkbox"/> Posted Flyer/Announcement  | <input type="checkbox"/> Other _____ |

The Engineering Society of Detroit is committed to a policy of equal opportunity for all in every aspect of its operation. The Engineering Society of Detroit has pledged not to discriminate on the basis of race, color, sex, age, religion, national origin, sexual orientation, marital status, or disability.

**If you have any questions regarding the Girls in Engineering Academy program, please contact:**

Dr. Gerald Thompkins, Program Manger  
248-353-0735, ext. 139  
[gthompkins@esd.org](mailto:gthompkins@esd.org)

Alexandra Lofton, Program Coordinator  
248-353-0735, ext. 161  
[alofton@esd.org](mailto:alofton@esd.org)

**Please submit the completed application form and required documents on or before May 31, 2021.**

Mail:  
The Engineering Society of Detroit  
Girls in Engineering Academy  
20700 Civic Center Drive, Suite 450  
Southfield, MI 48076

Fax:  
248-353-0736

Email:  
[gea@esd.org](mailto:gea@esd.org)



## IMAGE CONSENT AND RELEASE FORM

I hereby authorize The Engineering Society of Detroit, university partners, and those acting under its authority to:

- A. Record my likeness and voice on video, audio, photographic, digital, electronic or any other medium now existing or later invented; and
- B. Use my name in connection with these recordings; and
- C. Use, reproduce, exhibit or distribute in any medium and via any method (including, without limitation, photos, print publications, video, CD/DVD-ROM, e-mail, Internet/WWW, social networking sites) these recordings for any purpose that The Engineering Society of Detroit and university partners deem appropriate, including promotional or advertising efforts.

I release the above entities from liability for any violation of any personal or proprietary right I may have in connection with this use of the recordings. I understand that all such recordings, in whatever medium, shall remain the property of The Engineering Society of Detroit. I have read and fully understand the terms of this consent and release.

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**Student's Name**

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**Address**

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**City, State, & Zip**

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**Telephone**

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**Parent/Guardian Signature**

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**Date**

**Initial here if you do not wish to have your child photographed or video taped during the GEA Program\_\_\_\_\_**



## CONSENT FOR MEDICAL TREATMENT FORM

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital and/or Urgent Care Facility for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

**STUDENT'S NAME** \_\_\_\_\_

**PARENT/GUARDIAN NAME & RELATIONSHIP:** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**FAMILY DOCTOR** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**FAMILY HEALTH CARE  
CARRIER/INSURANCE:** \_\_\_\_\_

**POLICY NUMBER** \_\_\_\_\_

**GROUP NUMBER** \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Medications:** My child is taking medication at the present time. My child will bring all such medications necessary, and such medication will be labeled appropriately. Names and medications and concise directions for see that the child takes such medications, including dosage and frequency of dosage are as follow:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

No medication of any type whether prescription or non-prescription may be administered to my child unless the situation is life threatening and emergency treatment is required.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

### **Special Medical Information:**

**Allergic reactions** (medications, foods, dairy products, peanuts, fish, plants, insects, etc.)

\_\_\_\_\_

**Immunizations:** Date of last tetanus/diphtheria immunization

\_\_\_\_\_

List any physical limitations?

\_\_\_\_\_

Has your child recently been exposed to any contagious disease or conditions, such as COVID-19, mumps, measles, chicken pox, tuberculosis, hepatitis, etc.? **\_\_ YES or \_\_ NO**

If so, please provide the date, disease or condition. \_\_\_\_\_

You should be aware of these special medications for my child. This includes for **mental health**.

\_\_\_\_\_

Chronic or existing medical problems (diabetes, asthma, seizures, etc.)

\_\_\_\_\_

**Child's Name** \_\_\_\_\_

**Parent/Legal Guardian Name** \_\_\_\_\_

**EMERGENCY TELEPHONE NUMBER** \_\_\_\_\_

**WORK TELEPHONE NUMBER** \_\_\_\_\_

### **\*Person to call in case of an emergency, and phone number:**

**Name** \_\_\_\_\_

**Relationship to your child** \_\_\_\_\_ **Phone** \_\_\_\_\_

### **Alternate person to contact:**

**Name** \_\_\_\_\_

**Relationship to your child** \_\_\_\_\_ **Phone** \_\_\_\_\_



## PARENTAL/GUARDIAN CONSENT AND RELEASE FORM

I confirm that I, \_\_\_\_\_, am the parent/legal guardian of \_\_\_\_\_. I hereby approve and consent to my daughter's participation in The Engineering Society of Detroit's Girls in Engineering Academy (GEA) program for the 2021/22 summer and academic year. As part of this program I understand my daughter will participate in classes and field trips, and work on various activities. I understand that the program may be online, in-person or a combination of both. I assume full responsibility for the actions of my daughter while participating in this program.

I agree to assume all risks associated with my daughter's participation in the GEA program. I further agree to waive, release, discharge and hold harmless The Engineering Society of Detroit, its officers, Board members, employees, contract employees, agents and representatives, from any and all liability, damages, claims, demands and cause of action arising out of or in connection with the GEA program.

I affirm that I have read this Parental/Guardian Consent and Waiver of Liability in its entirety and that I understand the contents of this form. I approve of my daughter's participation in the GEA program and activities and understand her participation is voluntary. By signing this form, I affirm that I have decided to allow my child to participate and agree to the contents of this form.

Parent/Legal Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ Zip \_\_\_\_\_

Parent/Legal Guardian (Signature) \_\_\_\_\_

Date \_\_\_\_\_



Student's Full Name \_\_\_\_\_

Grade **entering** in Fall 2021:  5  6  7  8

Name of current (2020/2021) school and district: \_\_\_\_\_

\_\_\_\_\_

Location of school: \_\_\_\_\_

Is the student in your school's advanced programming?

Yes  No  Not offered at this school or grade level

Please rank the following:

	Exceptional	Above Average	Average	Below Average
Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please include any comments and observations of the student (e.g., special talents, achievements, behavioral pros/cons)

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Teacher Name \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher Email: \_\_\_\_\_

Teacher Phone: \_\_\_\_\_

Please mail, fax or email this document to the following:

Mail: The Engineering Society of Detroit  
Girls in Engineering Academy  
20700 Civic Center Drive, Suite 450  
Southfield, MI 48076

Fax: 248-353-0736

Email: [gea@esd.org](mailto:gea@esd.org)

\*This information provided on this form is confidential and will only be shared with faculty and staff of The Girls in Engineering Academy Program under The Engineering Society of Detroit

Student's Full Name \_\_\_\_\_

Grade **entering** in Fall 2021:  5  6  7  8

Name of current (2020/2021) school and district: \_\_\_\_\_

\_\_\_\_\_

Location of school: \_\_\_\_\_

Is the student in your school's advanced programming?

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Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please include any comments and observations of the student (e.g., special talents, achievements, behavioral pros/cons)

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Teacher Name \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher Email: \_\_\_\_\_

Teacher Phone: \_\_\_\_\_

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