

Girls in Engineering Academy (GEA)

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

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



RETURNING STUDENT APPLICATION – YEAR 3

**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

<i>Ethnicity</i> <i>(Select one)</i>	<i>Race</i> <i>(Select all that apply)</i>	<i>Disability Status</i> <i>(Select all that apply)</i>
<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:

Activity	Dates of Participation
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Required Application Materials

1. **School Transcript:** (Please include an official school transcript with your application form).
2. **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. Admissions will be based on the student's 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.

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

Dr. Gerald Thompkins
The Engineering Society of Detroit
20700 Civic Center Drive, Suite 450
Southfield, MI 48076
248-353-0735—Office
gthompkins@esd.org (Dr. Gerald Thompkins)
alofton@esd.org (Ms. Alexandra Lofton)

You may also FAX, email, or bring your documents to our office. Our FAX number is 248-353-0736.



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.

Student's Name

Address

City, State, & Zip

Telephone

Parent/Guardian Signature

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 _____