



# Girls Tinker Academy Summer 2018 Application



### PERSONAL DATA:

*Please type or print neatly:*

Grade level in **Fall 2018** (Circle One):    7    8    9

Student Name		Date of Birth
Parent/Guardian Name		
Parent/Guardian Email	Student Email	
Home Address		
City, State Zip		
Home Phone	Parent Cell Phone	Parent Work Phone
Applicant's Current School and District		
Applicant's Fall 2018 School and District (if different)		

Primary Language Spoken at Home: \_\_\_\_\_

Will Student need translation assistance?    YES    NO

Do you have access to the internet at home?    YES    NO

*By signing this form, I am committing to attend Girls Tinker Academy for the entire two weeks of the program. I further commit to arranging transportation to and from Sonoma State University, where the program will be conducted, and to arriving each day on time and prepared to participate.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applications DUE Friday, May 11, 2018.** Email this completed form to [amber@ctesonomacounty.org](mailto:amber@ctesonomacounty.org).  
Or mail to: CTE Foundation, Attn: Community WISE, 1030 Apollo Way, Santa Rosa, CA 95407.  
Questions? Call Amber Figueroa, CTEF Director of Programs at 707-755-5722.





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## RECOMMENDATION FROM MATH OR SCIENCE TEACHER

Student Name		Current Grade Level
Person Making Recommendation		
Title	School	
Email	Phone	

**Girls Tinker Academy** is a two-week program that is designed to engage and inspire middle school students through *Maker* principles to encourage the exploration and development of technical, mathematical, and artistic abilities. Admittance to the program will be competitive. The student listed above requests you to provide an academic reference – please complete the form and add sheets as necessary. Help us identify students who have the greatest potential to benefit and grow from this experience. This form is confidential and will assist the Admission Committee in their selections.

Rating:					Rating:			
	Excellent	Good	Poor			Excellent	Good	Poor
Academic Potential					Oral Expression			
Academic Achievement					Imagination/ Creativity			
Effort/Drive					Follows Directions			
Study Habits					Critical Thinking			
Group Work Ability					Age/Grade Maturity			
Written Expression					Integrity			
Willingness to Take Risks					Leadership Potential			
Classroom Conduct					Self-Confidence			

What do you feel distinguishes this student?

Anything else we should know about this student?

Evaluator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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