



10951 Pico Blvd., Suite 407  
 Los Angeles, CA 90064  
 Toll Free: 1-877-GO-EUREKA  
 Phone: (310) 234-0111 Fax: (310) 234-0222  
 www.EurekaReview.com

## CHILDREN OF EDUCATORS GRANT

Children of High School Educators are able to take 33% off the price of any Eureka SAT course. This savings (of up to \$1099) shows our appreciation for what High School Educators bring to community. High School Educators give students the fundamental skills necessary to succeed in school and in life. Eureka fine tunes those skills by teaching students the strategies to "Outsmart the SAT".

Together, High School Educators and Eureka make a great team to help students get into their top colleges and reach their full potential.

### I. PERSONAL INFORMATION

Student Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender ( ) Male ( ) Female Grad. Date \_\_\_\_\_

High School \_\_\_\_\_ Current GPA (weighted) \_\_\_\_\_ (Unweighted) \_\_\_\_\_

College Plans ( ) Four Year ( ) Two Year ( ) Vocational School

Top College Choices \_\_\_\_\_

Extracurricular Activities \_\_\_\_\_

\_\_\_\_\_

Community Service \_\_\_\_\_

\_\_\_\_\_

In comparison to other students you have known; please rate yourself in the following areas from 5 (high) to 1 (low).

Scholastic Achievement	1	2	3	4	5
Study Habits	1	2	3	4	5
Desire to go to College	1	2	3	4	5
Work Ethic	1	2	3	4	5

Expect Success



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### II. EDUCATOR VERIFICATION

Student Name \_\_\_\_\_

Parent/Educator Name \_\_\_\_\_ High School \_\_\_\_\_

Title \_\_\_\_\_ Phone # \_\_\_\_\_

### TO BE COMPLETED BY HIGH SCHOOL OFFICIAL

School Official Name \_\_\_\_\_ Title \_\_\_\_\_

Phone # \_\_\_\_\_

1. Describe your knowledge of the educator named above and the length of time that he/she has been a full time employee of your high school.

I certify that the aforementioned educator is currently a full time employee of my High School.

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

This can either be given back to the applicant, or it can be mailed in a separate envelope to:

Eureka One-on-One Review  
Attn: Children of Educators Grant  
10951 Pico Blvd. #407  
Los Angeles, CA 90064

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### III. DECLARATION OF STUDENT

I DECLARE THAT:

1. I have answered all questions applicable to me and that all information is true and complete;
2. I am a full time student at the High School named in Part I;
3. I authorize Eureka One-on-One Review to request and receive information pertaining to my grades and my enrollment at the High School named in Part I;

\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

### IV. DECLARATION OF PARENT

I DECLARE THAT:

1. I have answered all questions applicable to me and that all information is true and complete;
2. I am a full time employee at the High School named in Part II;
3. I authorize Eureka One-on-One Review to request and receive information pertaining to my employment at the High School named in Part II;
4. I authorize Eureka One-on-One Review to contact my reference for verification of this information;

\_\_\_\_\_  
Parent Name (Printed)

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

Please remit this application to:

Eureka One-on-One Review  
Attn: Children of Educators Grant  
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