

Permission Form

Student Name _____ Grade Level _____

ASPIRE is a volunteer mentoring program that assists secondary (middle school and high school) students in the process of accessing training and education beyond high school. Working one-on-one or in groups, trained ASPIRE volunteer mentors help students with career and school research, applications and admissions processes, and provide information on financial aid. ASPIRE volunteer mentors must pass a criminal records check before meeting with students. Meetings take place at school, with staff present, throughout the school year. Participation does not guarantee that students will receive scholarships.

Each year students are asked to complete a confidential online survey about their experience and future plans. For students under the age of 18, participation in ASPIRE and the survey require a parent or guardian signature below.

Participation in all ASPIRE programs and the program evaluation is voluntary and confidential. You are free to withdraw your consent and discontinue participation at any time.

I give permission for my student to participate in the ASPIRE program and survey.

Parent/Guardian Name _____ date _____
(printed) (signature)

Measuring Student Success

You can help ASPIRE determine if the program is making a difference by providing your student's date of birth (required). This information helps researchers measure if students attend and complete education beyond high school, a major goal of the program. The results will only be reported on groups of students and not on your individual student.

PLEASE know that ASPIRE will not share this information with any person or agency outside of the Office of Student Access and Completion (OSAC). OSAC has many security measures to safeguard private information.

Participation in the study is **optional** and confidential. You are free to withdraw your consent and discontinue participation at any time.

Student's Date of Birth (mm/dd/yyyy) _____

Parent/Guardian Name _____ date _____
(printed) (signature)

Student Contact Information

(Please Print)

First Name _____ Middle Initial _____ Last Name _____

Home Phone _____ Cell Phone _____

Email _____

How do you prefer to be contacted or receive messages? (check one)

home phone cell phone email

Your Name _____ Grade _____

This information may be used to match you with an ASPIRE Mentor. You may continue your comments on the back of this sheet.

Is there an ASPIRE Mentor that you would like to be matched with? Who?

Do you have an interest in a specific college or training program? If so, please describe it:

Please list any special skills, interests or hobbies:

Do you have specific career interest area? If so, please describe:

When are you available to meet with an ASPIRE Mentor? (Day and time)

Please check all items that you're interested in learning more about:

<input type="checkbox"/> PSAT/SAT and other test information	<input type="checkbox"/> Assistance in selecting a college
<input type="checkbox"/> Help with selecting high school classes	<input type="checkbox"/> College entrance requirements information
<input type="checkbox"/> College fairs	<input type="checkbox"/> Notification of scholarships and deadlines
<input type="checkbox"/> Career options	<input type="checkbox"/> Oregon Student Assistance Commission Scholarship applications
<input type="checkbox"/> Assistance with the FAFSA application	<input type="checkbox"/> Essay writing
<input type="checkbox"/> Scholarship search	<input type="checkbox"/> College visitations
<input type="checkbox"/> Athletic scholarships	<input type="checkbox"/> Military options - ROTC vs. enlistment
<input type="checkbox"/> ASPIRE website and other Internet resources	<input type="checkbox"/> AmeriCorps and Peace Corps

You will be accepted into the program and matched with a mentor after this form and signed permission slip have been turned in. Please bring an unofficial copy of your transcript to your first mentor meeting. Enrolled as a student in ASPIRE your commitment will be yearlong, but it is up to you to choose how often you meet with your mentor. If you miss three meetings without previously notifying your mentor you may be removed from the program. Thanks!

Student Signature _____ Date _____



Student Contact Information

Name _____ Date _____

Student ID# _____ Graduation Year _____

Best way to reach you (*check all that apply*) Email Phone Note to class

Phone: () _____ Is this a home or cell phone?

If cell, can you receive text messages? Yes No

Phone: () _____ Is this a home or cell phone?

If cell, can you receive text messages? Yes No

Email address (please print) _____

What is the Best Time for you to Meet with your Mentor?

Can you be available to meet (please check all that apply)

Before School? A Day _____ B Day _____

After School? A Day _____ B Day _____

Lunch? A Day _____ B Day _____

Open/aide Period (please list periods) _____

This form may be sent to you at the beginning of each semester for updating.