ASPIRE Student Permission Form

Student Name _____ Birthdate _____

Grade Level _____ Expected High School Graduation Date _____

Home Phone _____ Cell Phone _____ Non-school Email: _____

How do you prefer to be contacted or receive messages? (check one) ☐ home phone ☐ text ☐ email

Program Information

ASPIRE is a volunteer-based mentoring program that helps students access post-high school training and education. Working one-on-one or in groups, trained ASPIRE mentors help students with: career exploration, college research, admissions applications, and financial aid. For the 2020-21 school year, student mentoring practices are up to individual school districts dependent on how the district has chosen to offer education this year. Background checks are required of all volunteers. If you have questions, check with your local school about how mentoring will occur.

Students are asked to complete a confidential online survey about their experience with ASPIRE. Student information is subject to be used for research purposes in tracking the transition of student groups from high school through college. The results will only be reported on groups of students and not on your individual student. The Higher Education Coordinating Commission has many security measures to safeguard private information. Participation in the study is optional and confidential.

Students under the age of 18 require a parent/guardian signature. If you choose to withdraw your consent, contact the ASPIRE coordinator at the school/site.

☐ I give permission for my student to participate in ASPIRE.

☐ I give permission for the mentor to have access to my student's academic records.

☐ I give my student permission to communicate in-person or electronically with mentors according to the district's policy.

☐ I, the parent, am interested in volunteering for ASPIRE.

A typed name and date can substitute for a formal signature.

Parent/Guardian Signature _____ Date: _____

Parent Email _____ Parent Phone _____

I agree to keep appointments with my mentor or notify my mentor if I have to cancel our appointment.

I understand that participation in ASPIRE does not guarantee that I will receive scholarships.

Student Signature _____ Date: _____

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