

Student Name _____ Birthdate _____
Grade Level _____ Expected High School Graduation Date _____
Home Phone _____ Cell Phone _____ Non-school Email: _____

Preferred method of contact (choose one):

home phone (call) cell phone (call) cell phone (text) email

Program Information

ASPIRE provides mentoring support for career and college readiness. ASPIRE mentoring covers: career exploration, college research, admissions applications, financial aid options, and much more. ASPIRE uses community volunteers and staff mentors to help students with their plan for after high school. Background checks are required of all volunteers. If you have questions, check with your local school/site about how the mentoring will occur.

- Student information is used for research purposes to track the transition of student groups from high school through college. The results are only 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 are asked to complete a confidential, online survey about their experience with ASPIRE.
- 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.
- Returning this form does not guarantee a student will be assigned a mentor, but it does allow them to participate in other ASPIRE group activities. Mentors are assigned to students as availability allows.

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 **do not** give permission for my student to participate in ASPIRE.

I am interested in volunteering for ASPIRE. Parent email address: _____

Parent (a typed name and date can substitute for a formal signature)

Parent/Guardian Name _____
Parent/Guardian Signature _____ Date: _____

Parent Phone # _____ Parent Email _____

Student

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: _____