



ASPIRE Participation Agreement

Date Distributed: _____

Date Received: _____

Student Name: _____

Grade Level: _____

PARTICIPATION AGREEMENT

ASPIRE is a volunteer mentoring program that assists high school students in the process of accessing training and education beyond high school. Working one-on-one, trained ASPIRE volunteer advisors help students with career and school research, applications and admissions processes, and provide information on financial aid. ASPIRE volunteer advisors 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 (printed): _____

Parent/Guardian Signature: _____

Date: _____

MEASURING STUDENT SUCCESS

You can help ASPIRE determine if the program is making a difference by providing your student's Date of Birth (required), and the last four digits of the Social Security Number (optional). 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 Oregon Student Assistance Commission (OSAC). OSAC has many security measures to safeguard private information.

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

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

Last four digits of the Student's Social Security Number-Optional:

XXX-XX-____-____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

STUDENT CONTACT INFORMATION (Please Print)

Last Name: _____

Middle Initial: _____

First Name: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

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

Home Phone

Cell Phone

E-mail