



# ASPIRE Permission Form

## I. ASPIRE Participation

ASPIRE utilizes adult volunteers from your community (ASPIRE Advisors) to assist high school students plan, prepare and achieve their postsecondary education goals, which may be college or a vocational/technical school. All students are encouraged to participate. The ASPIRE Advisor volunteer will assist your student in developing a post high school education plan, provide encouragement, information and technical assistance for financial aid and admissions applications. Participation in ASPIRE does not guarantee that your student will receive scholarships.

Persons volunteering to become ASPIRE Advisors meet with students on a regular basis during the school year at the school with staff present. School staff screen (includes a criminal record check) and select the volunteers. The Oregon Student Assistance Commission provides training for the ASPIRE Advisors.

In order for your student to participate in this program, we will need you to sign the ASPIRE participation authorization below and encourage your student to attend meetings with their advisor and complete assignments. Students must notify their Advisor if they are unable to keep an appointment.

**I give permission for my student to participate in the ASPIRE Program.**

Parent/Guardian Name (printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I agree to keep appointments with my advisor or notify my advisor if I have to cancel. I understand that admissions to college and receipt of financial aid are dependent upon my efforts.**

Student Name (printed): \_\_\_\_\_

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

## II. ASPIRE Evaluation

To learn how well the ASPIRE Program is working; we may interview and/or administer paper, electronic, or telephone surveys of seniors and graduates. Information is confidential and combined with data from all other ASPIRE participants. Your participation in this project is voluntary and will not affect your relationship with ASPIRE or the Oregon Student Assistance Commission. You are free to withdraw your consent and discontinue participation at any time.

Your signatures indicates that you have read and understand the information above and that parents/guardians give permission for students under 18 to participate in written or electronic surveys and/or telephone/in-person interviews. You may withdraw consent at any time and discontinue participation without penalty or prejudice. Students over 18 do not need parent/guardian consent.

**I give permission for my student to participate in the ASPIRE Evaluation.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I agree to participate in the ASPIRE Evaluation.**

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

For more information about ASPIRE contact your high school counseling office for questions about the evaluation please contact the Oregon Student Assistance Commission ASPIRE office at 1-800-452-8807 extension 7471.



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## III. ASPIRE Longitudinal Outcome Study

To participate in our longitudinal outcome study, please provide the information below. Participation in the study is completely confidential.

The ASPIRE Program is also requesting student participants' Social Security numbers for purposes of research on the long-term outcomes. *Your Social Security number will not be made available to any person or agency outside the ASPIRE Program.*

Your participation in this project is voluntary. Your decision to participate will not affect your relationship with the ASPIRE Program and the Oregon Student Assistance Commission. You are free to withdraw your consent and discontinue participation at any time.

Student's Social Security Number _____
Student Name (printed): _____
Parent/Guardian Name (printed): _____
Parent/Guardian Signature: _____ Date: _____

## Student Contact Information (Please Print)

Last Name	Middle Initial	First Name
Street Address	Apt. #	
City ( ) _____	State	Zip Code
Telephone	Current High School	

Please fill in the name and phone number of the adult guardian(s) with whom you live most of the time.

First Name	Last Name
( ) _____	
Telephone	

First Name	Last Name
( ) _____	
Telephone	

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