



2020 NEW STUDENT APPLICATION

Early Decision Deadline: January 31, 2020
Final Deadline: February 29, 2020

Breakthrough Pittsburgh is a tuition-free, **six-year academic enrichment program** committed to supporting academically motivated, but under-resourced middle and high school students to enter and succeed in college-preparatory high school programs and attend a four-year college. Operating under a six-year model, programming for students and families begins the summer before 7th grade and continues during the school year and throughout high school.

Application Checklist

Steps:	To be completed by:
<input type="checkbox"/> 1. Student Statement <ul style="list-style-type: none"> ○ Student Information ○ Short Answers 	Student
<input type="checkbox"/> 2. Family Information <ul style="list-style-type: none"> ○ Contact Information ○ Short Answers ○ Free or Reduced Lunch Application ○ Medical Forms ○ Permission and Release Form 	Parent/Guardian
<input type="checkbox"/> 3. Release of Records Form Please complete this form and have your student take it to the school counselor or principal.	Parent/Guardian (Give to Principal or Counselor)
<input type="checkbox"/> 4. Guidance Counselor or Principal Form Give these forms to the school counselor or principal.	Counselor or Principal
<input type="checkbox"/> 5. Two Teacher Reference Forms Give these forms to two teachers who know your student well.	Two Teachers that know the student well

**Please return applications to your counselor or mail to:
 Breakthrough Pittsburgh, 315 Academy Avenue, Sewickley, PA 15143**

Frequently Asked Questions:

What is Breakthrough Pittsburgh?

Breakthrough Pittsburgh is a **tuition-free, six-year academic enrichment program** for highly motivated, under-resourced middle and high school students who plan to attend a four-year college.

When should my student apply to Breakthrough?

Interested students apply during their 6th-grade school-year. This year, there are a few spots for the current class of 2025; therefore, 7th-grade students may also apply.

Who are Breakthrough Students?

Breakthrough students are highly motivated and under-resourced students who have above-average grades, are good citizens in their schools, and are committed to attending a four-year college. Breakthrough students embrace hard work, challenging tasks, and honest feedback. They support and encourage their peers, are excited to explore and learn new things, and set goals and meet them.

What is the commitment?

Breakthrough is a six-year commitment and families are expected to participate actively in the program starting with the summer before 7th grade and continue through the end of their student's senior year in high school.

	Grades 7-8	Grades 9-10	Grade 11	Grade 12
Summer	SIX-WEEK SUMMER PROGRAM: 8 AM - 3:00 PM, M-F math, science, literature, and writing	THREE-WEEK SUMMER PROGRAM 8 AM - 3:00 PM, M-F geometry, algebra II, science & writing through literature	CAMP COLLEGE Three-day intensive college-access program INTERNSHIPS/ SUMMER PROGRAMS	INTERNSHIPS/ SUMMER PROGRAMS
School-Year	ACADEMIC TUTORING: once per week at the University of Pittsburgh. Students must sign up if they receive below a B on their report card SAT/ACT TUTORING: 10-weeks sessions for juniors in October-February; seniors may sign up as needed			
	SUPER SATURDAY Five workshops throughout the year hosted by college student clubs/organizations to explore colleges and majors; book club	SUPER SATURDAY Five workshops throughout the year hosted by colleges and local businesses to explore college majors and careers; book club	SUPER SATURDAY College-access workshops to prepare students for the college application process	COLLEGE BOUND MENTORING Monthly meetings with mentors to assist in the college application process
	HIGH SCHOOL OPTIONS Families attend meetings and are counseled about their options for high school ensuring students attend the most rigorous classes and schools available	COLLEGE TOURS Two per year; spring and summer		

Is it okay to miss a few days of the summer program for a vacation?

Attendance in the summer program is **mandatory**, except in cases of illness. With a limited number of days in the summer program, students who are absent will fall behind quickly and miss valuable instruction. If your family is planning an extended vacation and your student will miss more than three academic days, you should talk to the staff before applying to see if Breakthrough Pittsburgh is a good fit.

After our family submits an application, what's next?

Within two weeks after the deadline, you will know if you are invited for an interview. If you have concerns about the date or access to transportation for the interview, please call and discuss with the staff.

	Early Decision	Final
Application due to the Breakthrough Office	January 31, 2020	February 29, 2020
Invitations to Interview are sent	February 14, 2020	March 16, 2020
Interview Date	February 29, 2020	April 25, 2020
Acceptance Letters are sent	March 16, 2020	May 1, 2020

Where is Breakthrough Pittsburgh?

The Breakthrough Pittsburgh office and the summer program are located at Sewickley Academy, 315 Academy Avenue, Sewickley, PA 15143. We often hold Breakthrough meetings and events at libraries and colleges in the Pittsburgh area.

Is transportation provided?

Due to our location and limited funds, we only provide transportation for students in the following areas: Pittsburgh city limits, Coraopolis, Stowe Township, McKees Rocks, Leetsdale, or Sewickley. Students who live outside of these neighborhoods may apply but will be responsible for transportation to and from an existing bus stop or Sewickley Academy.

How do I submit my student's application?

Applications can be mailed, scanned and emailed, or faxed to the Breakthrough office by the deadline. If you scan or fax the application to ensure it meets a deadline, please mail the hard copy to the BT office. Many school counselors collect applications at the school and mail them to our office. Check with your counselor about this option.

Are all of the forms required? Some of this information is very sensitive.

Your student will be considered for our program **ONLY IF ALL** required forms are filled out and submitted. Students whose applications are not complete will not be considered for a position. Applications are kept in a secure location that only BT Staff members have access to.

Any important advice?

Breakthrough Pittsburgh is a selective program which means that there are many strong applicants who submit applications, only 30-35 students are selected for each class. Regardless of admission, you can learn a lot about yourself by applying. Put in your best effort. Be yourself and have fun!

1. STUDENT STATEMENT

Students, please use a pen to fill out the application in your own handwriting. Remember to print clearly. Thank you!

STUDENT INFORMATION:

FIRST NAME: _____ MIDDLE NAME: _____ LAST NAME: _____

DATE OF BIRTH: (month/day/year) _____ GENDER: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

NEIGHBORHOOD: _____

MAIN NUMBER: _____ STUDENT EMAIL ADDRESS: _____

NAME OF CURRENT SCHOOL: _____ GRADE: _____

Please list the names of two teachers and the name of the counselor or principal who will give reference forms.

1. TEACHER'S NAME: _____ SUBJECT: _____

2. TEACHER'S NAME: _____ SUBJECT: _____

3. GUIDANCE COUNSELOR/PRINCIPAL NAME: _____

SHORT-ANSWERS: Please write 3-4 full sentences to answer each question.

1. Breakthrough students attend a six-week summer program and five days of Super Saturday program throughout the school year. Students commit to participating until the end of high school. This is a big commitment. Explain why you want to spend your summers and occasional Saturdays at Breakthrough for many years. What are you hoping to gain?

2. Of the books you read in the past year, which one made the biggest impression on you and why?

STUDENT'S NAME: _____

First

Last

3. What are your future goals? How is attending college going to help you reach these goals?

4. Tell us about a time when you were confronted with a difficult academic challenge. How did you deal with it?

5. What attributes or characteristics will you bring to Breakthrough? How will you demonstrate these qualities in the Breakthrough community?

STUDENT STATEMENT OF UNDERSTANDING:

I understand that Breakthrough Pittsburgh is a tuition-free academic enrichment program that **requires a six-year commitment from both me and my family**. I understand that if I am accepted into the program, I will be expected to attend six week summer sessions the summers before my 7th, 8th, 9th and 10th-grade years from 8:30 a.m. – 3:15 p.m., Monday – Friday. I agree to participate enthusiastically in classes and other program events and do approximately two hours of homework per night. I understand that throughout the school year, I will be expected to attend five sessions of Breakthrough's Saturday program each year. I also understand that Breakthrough requires that I enroll in academically rigorous classes during the school year whenever possible. Upon successful completion of the Middle School Program, I agree to fulfill all commitments required of the High School Program. In exchange for this commitment, I will be challenged, I will have fun, I will be taught by college and high school students, I will make new friends, and I will become well informed about the exciting high school – and eventually college – opportunities that await me. Throughout high school I will actively participate in the college-bound programs and commit to graduating high school and attending a four-year college or university.

Student Signature: _____ Date: _____

2. Family Statement: Contact Information

STUDENT'S NAME: _____
First Last

PARENT/GUARDIAN 1: _____
First Last

Relationship to Student: Mother Father Stepmother Stepfather Guardian Other: _____

Primary Caretaker: Yes No

Home Address: Same as Student

Street City State Zip

Home Telephone: _____ **Work Telephone:** _____

Cell Phone: _____ **Email Address:** _____

Preferred Method of Contact:
 Home Phone Work Phone Cell Phone Text Message Email

Occupation: _____ **Employed by:** _____

Race/Ethnic Background: African American/Black Caucasian/White Asian American/Pacific Islander Latino
 Multiracial (please specify: _____)
 Other (please specify: _____)

Completed Education: High School/GED Associates Bachelor's Degree Graduate Degree Doctorate Degree

PARENT/GUARDIAN 2: _____
First Last

Relationship to Student: Mother Father Stepmother Stepfather Guardian Other: _____

Primary Caretaker: Yes No

Parent/Guardian 2 has same address as above:

Home Address: _____
Street City State Zip

Home Telephone: _____ **Work Telephone:** _____

Cell Phone: _____ **Email Address:** _____

Preferred Method of Contact:
 Home Phone Work Phone Cell Phone Text Message Email

Occupation: _____ **Employed by:** _____

Race/Ethnic Background: African American/Black Caucasian/White Asian American/Pacific Islander Latino
 Multiracial (please specify: _____)
 Other (please specify: _____)

Completed Education: High School/GED Associates Bachelor's Degree Graduate Degree Doctorate Degree

STUDENT'S NAME: _____

First

Last

OTHER INFORMATION (Please complete **ALL** information):

Status of student's parents/guardians:

- Married Separated Divorced Widowed Single

If parents/guardians do not live together, who has primary (legal) custody of the student?

- Parent/Guardian 1 (listed above) Parent/Guardian 2 (listed above) Both (joint custody)
 Other: Name and relationship to student: _____

Who is financially responsible for the student?

- Parent/Guardian 1 only (listed above) Parent/Guardian 2 only (listed above) Both
 Other : Name and relationship to student: _____

With whom is the student currently living?

- Parent/Guardian 1 (listed above) Parent/Guardian 2 (listed above) Both (joint custody)
 Other : Name and relationship to student: _____

Languages (other than English) spoken in the student's home: _____

Of these, which is the student's primary language: _____

Is your student eligible to receive free or reduced lunches? Yes No

Does your student have a sibling who is a current or former Breakthrough Student? Yes No

If yes, please give the name(s) and current age(s) of the sibling(s): _____

Please list names AND ages of other children in the student's family:

Name

Age

School Name or Occupation

Name	Age	School Name or Occupation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



**Breakthrough Pittsburgh at Sewickley Academy
Health and Emergency Information
Summer 2020**

Student Name: _____

Birthdate: _____

Parents/Guardian 1 Contact:

**Parent/Guardian 2 or
Additional Emergency Contact:**

Name: _____

Home/Cell Phone: _____

Business Phone: _____

Relationship to Student: _____

Insurance Information:

Insurance Carrier: _____

Group Number: _____

ID Number: _____

Physician's Name: _____

Office Phone: _____

Current Health:

Allergies: _____

Medical Conditions: _____

Medication being used (include dosage and frequency): _____

In the event of an accident or serious illness, I hereby authorize the school to call the physician indicated above and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary to ensure the health, safety, and welfare of this individual.

Parent or Guardian Signature

Date



Breakthrough Pittsburgh at Sewickley Academy Health and Emergency Information

Authorization to Consent Treatment of a Minor for Presentation to a Licensed Hospital

I (We), the undersigned, parent(s)/guardian(s) of _____, a minor, do hereby authorize Sewickley Academy as agent for the undersigned to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practice Act on the Medical staff of any licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

This shall remain effective until the end of this individual's involvement with Breakthrough Pittsburgh.

Parent or Guardian Signature

Date



Breakthrough Pittsburgh at Sewickley Academy Health and Emergency Information

I understand given my child's medical condition, that there are certain dangers, hazards, and risks inherent in the travel and activities included in this program, and I agree to assume all risks and responsibilities related thereto. I hereby waive and release all claims against Breakthrough Pittsburgh, Sewickley Academy, its Trustees, officers, agents, and employees from any and all obligations to me, my heirs, executors and assigns for any injury, loss, damage, accident, delay, or expense resulting from my child's participation in the program that are a consequence of my child's preexisting medical condition.

I do further agree to indemnify and hold harmless Breakthrough Pittsburgh, Sewickley Academy, its Trustees, officers, agents, and employees, with regard to any financial obligations or liabilities that I or my child may personally incur while participating in this program.

I understand that Breakthrough Pittsburgh, Sewickley Academy, its officers, agents, and employees cannot monitor or control all of the daily personal decisions with respect to the medical care of my child and I fully release each of them from any liability for such decisions or actions as may be taken in connection therewith.

I understand that Breakthrough Pittsburgh, Sewickley Academy, its officers, agents and employees cannot assume responsibility for the actions of persons not employed or otherwise engaged by Breakthrough Pittsburgh/Sewickley Academy, for events that are not part of the program, or that are beyond the control of the Academy, or for situations that may arise due to the failure of a participant to disclose pertinent information.

I hereby assure Breakthrough Pittsburgh/Sewickley Academy that I have consulted with a medical doctor with regard to my child's personal medical needs such that I can and do further state that all health-related reasons or problems will not preclude my child's participation in the program.

I understand that I am responsible for and that I am required to maintain adequate health insurance coverage while my child is participating in the summer program.

In signing this release, I acknowledge and represent that I have become fully informed of the content of this waiver of liability and hold harmless agreement by reading it before signing it, and by signing this document as my own free act and deed confirm that no oral representations, statements, or inducements, apart from the foregoing written statement have been made.

NOTE: THIS IS A RELEASE OF LEGAL RIGHTS. PLEASE READ AND UNDERSTAND BEFORE SIGNING.

Student Name

Parent or Guardian Signature

Date

2019 Household Application for Free and Reduced Price Summer Meals

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Child's First Name	MI	Child's Last Name	Grade	Student?		Check all that apply				
				Yes	No	Foster Child	Homeless	Migrant	Runaway	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
 Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price Meals for more information.

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

IF NO > Go to STEP 3. IF YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number: _____

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income: \$ _____

How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work		Public Assistance/Child Support/Alimony		Pensions/Retirement/All Other Income	
	Weekly	2x Month	Weekly	2x Month	Weekly	2x Month
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	

Total Household Members (Children and Adults) _____

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: _____

Check if no SSN

STEP 4 Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available) _____ Apt # _____ City _____ State _____ Zip _____

Daytime Phone and Email (optional) _____

Printed name of adult signing the form _____ Signature of adult _____ Today's date _____

INSTRUCTIONS Sources of Income

Sources of Income for Children

Sources of Child Income	Examples
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security	- A child is blind or disabled and receives Social Security benefits
- Disability Payments	- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Survivor's Benefits	- A friend or extended family member regularly gives a child spending money
- Income from person outside the household	- A child receives regular income from a private pension fund, annuity, or trust
- Income from any other source	

Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses	- Unemployment benefits	- Social Security (including railroad retirement and black lung benefits)
- Net income from self-employment (farm or business)	- Worker's compensation	- Private pensions or disability benefits
- If you are in the U.S. Military:	- Supplemental Security Income (SSI)	- Regular income from trusts or estates
- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)	- Cash assistance from State or local government	- Annuities
- Allowances for off-base housing, food and clothing	- Alimony payments	- Investment income
	- Child support payments	- Earned interest
	- Veteran's benefits	- Rental income
	- Strike benefits	- Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino Black or African American Native Hawaiian or Other Pacific Islander White
 Race (check one or more): American Indian or Alaskan Native Asian

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410
 fax: (202) 690-7442; or
 email: program.intake@usda.gov.
 This institution is an equal opportunity provider.

Do not fill out For official SFSP use only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

Total Income How often? Weekly Bi-Weekly 2x-Month Monthly Household Size Eligibility: Free Reduced Disabled

Determining Official's Signature Date Confirming Official's Signature Date Categorical Eligibility



Permission and Consent to Release Form Breakthrough Pittsburgh

Name of Student: _____

Parent/Guardian must read and **INITIAL** each of the following statements and sign below to show agreement to the following terms:

Field Trips

_____ I give my permission for the student listed to attend and participate in all activities and field trips associated with the Breakthrough Pittsburgh. I understand that a reminder notice will be sent home with the student prior to each trip. I understand that my initial indicates my permission.

Transportation:

_____ I understand that some activities/ field trips associated with Breakthrough Pittsburgh take place off-campus. I give my permission for the student listed to be transported off-campus via Breakthrough provided means (public transportation; staff and faculty automobile or vans; school bus). All transportation will be appropriately staffed and chaperoned. I understand a reminder notice will be sent prior to off-site trips. I understand that my initials indicate my permission.

Data:

_____ I grant Breakthrough Pittsburgh to release any data collected to its parent organization, Breakthrough Collaborative, to partnering organizations, and to its funders. I understand that this information helps to improve its programs and the services it provides to the student listed and that this information is necessary to ensure the best possible support for the student listed.

Confidential Information:

_____ I authorize the student's school and the school's staff to release academic information (including but not limited to report cards, academic records, attendance data, disciplinary reports, IEP/gifted evaluations, and teacher observations, etc.) to Breakthrough Pittsburgh for the purpose of evaluating his/her academic performance. This consent is revocable with written notice except to the extent that action has been taken in reliance thereon.

Breakthrough Staff/Volunteer Contact:

_____ I authorize Breakthrough staff members and volunteers to meet and exchange contact information with the student listed in authorized Breakthrough activities, events, and meetings throughout the school-year and summer programs. I understand that a reminder notice will be sent prior to the authorized activity. I understand that my initials indicate my permission.

News/Media:

_____ I grant Breakthrough permission to use the student's photograph, name, voice, and/or words for use in media outlets (including but not limited to newspaper/magazine articles, television/video, radio, website, and social media sites). Breakthrough Pittsburgh has no control of media use of pictures/statements that are taken without permission from the Breakthrough office.

Please check here if you **DO NOT GIVE CONSENT** to Breakthrough Pittsburgh to use your student's information for news/media. (This will not affect their commitment to the program.)

Liability:

_____ I hereby release Sewickley Academy and Breakthrough Pittsburgh (and their trustees, officer, employees, affiliates, representatives, and agents) from any and all liability for any damage or injury to the student resulting from or related to such student's participation in authorized activities. I hereby also agree to indemnify and hold harmless Sewickley Academy and Breakthrough Pittsburgh (and their trustees, officer, employees, affiliates, representatives, and agents) from and against any losses, damages or injury resulting from or related to such student's participation in the authorized activities.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

3. Release of Records Form

PARENT/GUARDIAN:

Please complete and sign this form and give it to your Principal or Counselor at your student's school.

Dear Principal/Counselor at _____
(Name of your student's school)

I am pleased to inform you that _____
(Name of student)

is applying to Breakthrough Pittsburgh, a tuition-free, six-year academic enrichment program committed to supporting academically motivated, but under-resourced middle and high school students to enter and succeed in college-preparatory high school programs and attend a four-year college.

I hereby authorize release of my student's records as identified above to Breakthrough's office. **Please send the Breakthrough Office original transcripts, the most recent report card, PSSA scores, and IEP if applicable.**

BREAKTHROUGH PITTSBURGH

315 Academy Avenue
Sewickley, PA 15143

Email: lgunter@sewickley.org

Fax: 412-741-1411

Phone: 412-741-2230 ext. 3242

My student plans to turn their application in by: (select one)

- Early Decision Deadline** and their transcripts should be mailed/fax/scanned by **January 31, 2020**
- Final Deadline** and their transcripts should be mailed/fax/scanned by **February 29, 2020**

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

5. Teacher Reference Form

TEACHER 1

Breakthrough Pittsburgh, formerly Summerbridge Pittsburgh, is a tuition-free, six-year academic enrichment program committed to supporting academically motivated, but under-resourced middle and high school students to enter and succeed in college-preparatory high school programs and attend a four-year college. Breakthrough also prepares the next generation of educators by recruiting and training outstanding high school and college students to We would appreciate your candid responses, which will be kept confidential. If you have any questions regarding the program, please call the Breakthrough Office at 412-741-2230 ext. 3424.

Please return this form to the Breakthrough Office for Early Decision Deadline by January 31, 2020 and for Final Deadline by February 29, 2020

BREAKTHROUGH PITTSBURGH
315 Academy Avenue
Sewickley, PA 15143

Email: lagunter@sewickley.org
Fax: 412-741-1411
Phone: 412-741-2230 ext. 3424

Thank you for your help with this process!

Student's Name: _____

School: _____

Teacher's Name: _____

Subject(s): _____

I prefer not to fill out this form and will discuss this student over the telephone with the Breakthrough staff at (412) 741-2230 ext. 3424.

Breakthrough students are asked to commit to a six-year rigorous academic enrichment program that will challenge them to maintain a high standard of excellence. Please comment on this student and family's ability to commit to such a program.

Teacher Signature

Date

Work phone number

Work email address

OVER →

Please circle the response that best suits the student in relation to the other students you teach.

1 = Below Average 4 = Excellent	<u>KEY</u> 2 = Average N = No Basis for Judgement	3=Above Average
--	--	------------------------

Supports and encourages peers	1 2 3 4 N	Thinks through challenging tasks	1 2 3 4 N
Adapts to new challenges	1 2 3 4 N	Has motivation to go above and beyond	1 2 3 4 N
Demonstrates humility	1 2 3 4 N	Seeks ways to help self and community	1 2 3 4 N
Embraces honest feedback	1 2 3 4 N	Communicates respectfully with adults and peers	1 2 3 4 N
Open to new ideas and change	1 2 3 4 N	Takes positive risks/steps outside comfort zone	1 2 3 4 N

Student's skill level in your class:

- Basic Proficient Advanced Very Advanced

I recommend this student to the **BREAKTHROUGH PITTSBURGH** program

- with great enthusiasm with confidence with some confidence
 with reservation I do not recommend

Please comment on your response: _____

What additional information should we know about this student or family before we make this decision?

Be an Instructional Coach! - Professional Development Opportunity

Breakthrough instructional coaches commit to a few hours per day, Monday-Thursday, for 8 weeks in the summer to provide intensive training, coaching, and support to our teaching fellows — top college and high school students from across the country who compete for our prestigious teaching residency. Together, teaching fellows and instructional coaches provide transformative summer learning experiences for under-resourced students, the majority of whom will be the first in their families to graduate from college.

For more information about expectations, qualifications, and compensation, please contact Executive Director Carrie Miller at cjmiller@sewickley.org or visit our national affiliate site, <https://www.breakthroughcollaborative.org/coach>.

5. Teacher Reference Form

TEACHER 2

Breakthrough Pittsburgh, formerly Summerbridge Pittsburgh, is a tuition-free, six-year academic enrichment program committed to supporting academically motivated, but under-resourced middle and high school students to enter and succeed in college-preparatory high school programs and attend a four-year college. Breakthrough also prepares the next generation of educators by recruiting and training outstanding high school and college students to We would appreciate your candid responses, which will be kept confidential. If you have any questions regarding the program, please call the Breakthrough Office at 412-741-2230 ext. 3424.

Please return this form to the Breakthrough Office for Early Decision Deadline by January 31, 2020 and for Final Deadline by February 29, 2020

BREAKTHROUGH PITTSBURGH
315 Academy Avenue
Sewickley, PA 15143

Email: lagunter@sewickley.org
Fax: 412-741-1411
Phone: 412-741-2230 ext. 3424

Thank you for your help with this process!

Student's Name: _____

School: _____

Teacher's Name: _____

Subject(s): _____

I prefer not to fill out this form and will discuss this student over the telephone with the Breakthrough staff at (412) 741-2230 ext. 3424.

Breakthrough students are asked to commit to a six-year rigorous academic enrichment program that will challenge them to maintain a high standard of excellence. Please comment on this student and family's ability to commit to such a program.

Teacher Signature

Date

Work phone number

Work email address

OVER →

Please circle the response that best suits the student in relation to the other students you teach.

1 = Below Average 4 = Excellent	KEY 2 = Average N = No Basis for Judgement	3=Above Average
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Supports and encourages peers	1 2 3 4 N	Thinks through challenging tasks	1 2 3 4 N
Adapts to new challenges	1 2 3 4 N	Has motivation to go above and beyond	1 2 3 4 N
Demonstrates humility	1 2 3 4 N	Seeks ways to help self and community	1 2 3 4 N
Embraces honest feedback	1 2 3 4 N	Communicates respectfully with adults and peers	1 2 3 4 N
Open to new ideas and change	1 2 3 4 N	Takes positive risks/steps outside comfort zone	1 2 3 4 N

Student's skill level in your class:

- Basic Proficient Advanced Very Advanced

I recommend this student to the **BREAKTHROUGH PITTSBURGH** program

- with great enthusiasm with confidence with some confidence
 with reservation I do not recommend

Please comment on your response: _____

What additional information should we know about this student or family before we make this decision?

Be an Instructional Coach! - Professional Development Opportunity

Breakthrough instructional coaches commit to a few hours per day, Monday-Thursday, for 8 weeks in the summer to provide intensive training, coaching, and support to our teaching fellows — top college and high school students from across the country who compete for our prestigious teaching residency. Together, teaching fellows and instructional coaches provide transformative summer learning experiences for under-resourced students, the majority of whom will be the first in their families to graduate from college.

For more information about expectations, qualifications, and compensation, please contact Executive Director Carrie Miller at cjmiller@sewickley.org or visit our national affiliate site, <https://www.breakthroughcollaborative.org/coach>.