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

<table>
<thead>
<tr>
<th>Steps:</th>
<th>To be completed by:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Student Statement</strong></td>
<td>Student</td>
</tr>
<tr>
<td>□ Student Information</td>
<td></td>
</tr>
<tr>
<td>□ Short Answers</td>
<td></td>
</tr>
<tr>
<td><strong>2. Family Information</strong></td>
<td>Parent/Guardian</td>
</tr>
<tr>
<td>□ Contact Information</td>
<td></td>
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<tr>
<td>□ Short Answers</td>
<td></td>
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<tr>
<td>□ Free or Reduced Lunch Application</td>
<td></td>
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<tr>
<td>□ Medical Forms</td>
<td></td>
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<tr>
<td>□ Permission and Release Form</td>
<td></td>
</tr>
<tr>
<td><strong>3. Release of Records Form</strong></td>
<td>Parent/Guardian</td>
</tr>
<tr>
<td>□ Please complete this form and have your student take it to the school counselor or principal.</td>
<td>(Give to Principal or Counselor)</td>
</tr>
<tr>
<td><strong>4. Guidance Counselor or Principal Form</strong></td>
<td>Counselor or Principal</td>
</tr>
<tr>
<td>□ Give these forms to the school counselor or principal.</td>
<td></td>
</tr>
<tr>
<td><strong>5. Two Teacher Reference Forms</strong></td>
<td>Two Teachers that know the student well</td>
</tr>
<tr>
<td>□ Give these forms to two teachers who know your student well.</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Summer</th>
<th>Grades 7-8</th>
<th>Grades 9-10</th>
<th>Grade 11</th>
<th>Grade 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIX-WEEK SUMMER PROGRAM:</td>
<td>8 AM - 3:00 PM, M-F math, science, literature, and writing</td>
<td>THREE-WEEK SUMMER PROGRAM 8 AM - 3:00 PM, M-F geometry, algebra II, science &amp; writing through literature</td>
<td>CAMP COLLEGE Three-day intensive college-access program</td>
<td>INTERNSHIPS/ SUMMER PROGRAMS</td>
</tr>
<tr>
<td>ACADEMIC TUTORING:</td>
<td>once per week at the University of Pittsburgh. Students must sign up if they receive below a B on their report card</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAT/ACT TUTORING:</td>
<td>10-weeks sessions for juniors in October-February; seniors may sign up as needed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Super Saturday</td>
<td>Five workshops throughout the year hosted by college student clubs/organizations to explore colleges and majors; book club</td>
<td>Super Saturday</td>
<td>Five workshops throughout the year hosted by colleges and local businesses to explore college majors and careers; book club</td>
<td>Super Saturday</td>
</tr>
<tr>
<td>High School Options</td>
<td>Families attend meetings and are counseled about their options for high school ensuring students attend the most rigorous classes and schools available</td>
<td></td>
<td></td>
<td>COLLEGE TOURS</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Application due to the Breakthrough Office</th>
<th>Early Decision</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invitations to Interview are sent</td>
<td>January 31, 2020</td>
<td>February 29, 2020</td>
</tr>
<tr>
<td>Interview Date</td>
<td>February 14, 2020</td>
<td>March 16, 2020</td>
</tr>
<tr>
<td>Acceptance Letters are sent</td>
<td>March 16, 2020</td>
<td>May 1, 2020</td>
</tr>
</tbody>
</table>

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: ___________________________ ___________________________

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STUDENT'S NAME:</strong></td>
<td></td>
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<tr>
<td><strong>PARENT/GUARDIAN 1:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Relationship to Student:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Primary Caretaker:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Home Address:</strong></td>
<td></td>
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<tr>
<td><strong>Street</strong></td>
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<tr>
<td><strong>City</strong></td>
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<td><strong>State</strong></td>
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<td><strong>Zip</strong></td>
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<tr>
<td><strong>Home Telephone:</strong></td>
<td></td>
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<tr>
<td><strong>Work Telephone:</strong></td>
<td></td>
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<tr>
<td><strong>Cell Phone:</strong></td>
<td></td>
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<tr>
<td><strong>Email Address:</strong></td>
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</tr>
<tr>
<td><strong>Preferred Method of Contact:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Occupation:</strong></td>
<td></td>
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<tr>
<td><strong>Employed by:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Race/Ethnic Background:</strong></td>
<td></td>
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<tr>
<td><strong>Completed Education:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>PARENT/GUARDIAN 2:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Relationship to Student:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Primary Caretaker:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Parent/Guardian 2 has same address as above:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Home Address:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Street</strong></td>
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<td><strong>City</strong></td>
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<td><strong>State</strong></td>
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<td><strong>Home Telephone:</strong></td>
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<td><strong>Occupation:</strong></td>
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<td><strong>Employed by:</strong></td>
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<td><strong>Race/Ethnic Background:</strong></td>
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<tr>
<td><strong>Completed Education:</strong></td>
<td></td>
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</tbody>
</table>
STUDENT’S NAME: ___________________________ ___________________________

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<tr>
<th>First</th>
<th>Last</th>
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</thead>
</table>

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): ___________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>School Name or Occupation</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
2. Family Statement: Short Answers

STUDENT’S NAME: ___________________________  _____  ___________________________  _____

First  Last

Family involvement is an essential part of Breakthrough. If your student is accepted to the program, you will be expected to make this program a priority for the next six years.

What are your student’s interests and/or extracurricular commitments?

________________________________________________________________________

________________________________________________________________________

How do you actively participate in your student’s education? How do you anticipate supporting your child in Breakthrough?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Why would you like to see your student involved in Breakthrough Pittsburgh? Where do you see your student in six years?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Breakthrough demands a dedicated commitment on behalf of both the student and the family. Your student will be challenged during his/her experience. Please explain a time when you helped your student push through a challenging task.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What do you love about your student? What would you like us to know about them?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
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 ___________________________
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).

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.

Child's First Name
MI
Child's Last Name
Grade
Yes
No
Homeless, Migrant, Runaway
Foster Child
Check all that apply

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

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
Weekly
B/Weekly
2x Weekly
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)
Rankings from Work
Weekly
B/Weekly
2x Weekly
Monthly

Pension/Retirement
Child Support/Alimony
Weekly
B/Weekly
2x Weekly
Monthly

All Other Income
Weekly
B/Weekly
2x Weekly
Monthly

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earnings or Other Adult Household Member
X X X X
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)

City
State
Zip
Daytime Phone and Email (optional)

Printed name of adult signing the form

Signature of adult

Today's date
Sources of Income for Children

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

**Example(s)**
- A child has a regular full or part-time job where they earn a salary or wages

**Sources of Income for Adults**

**Earnings from Work**
- Salary, wages, cash bonuses
- Net income from self-employment (farm or business)
- If you are in the U.S. Military:
  - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)
  - Allowances for off-base housing, food, and clothing
- Unemployment benefits
- Worker's compensation
- Supplemental Security Income (SSI)
- Cash assistance from State or local government
- Allimony payments
- Child support payments
- Veteran's benefits
- Strike benefits

**Public Assistance / Allimony / Child Support**

**Pensions / Retirement / All Other Income**
- Social Security (including railroad retirement and black lung benefits)
- Private pensions or disability benefits
- Regular income from trusts or estates
- Annuities
- Investment income
- Earned interest
- Rental income
- 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
Race (check one or more): [ ] American Indian or Alaskan Native [ ] Asian [ ] Black or African American [ ] Native Hawaiian or Other Pacific Islander [ ] White

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. 20250-6416

**fax:**
(202) 690-7442; or

**email:** program.intake@usda.gov.

This institution is an equal opportunity provider.

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**Do not fill out** For official SFSP use only

**Annual Income Conversion:** Weekly ≤ $2, Every 2 Weeks ≤ $26, Twice a Month ≤ $24 Monthly ≤ $12

<table>
<thead>
<tr>
<th>Total Income</th>
<th>Weekly</th>
<th>Bi-Weekly</th>
<th>Monthly</th>
<th>Household Size</th>
<th>Categorical Eligibility</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Determining Official's Signature</th>
<th>Date</th>
<th>Confirming Official's Signature (optional)</th>
<th>Date</th>
</tr>
</thead>
</table>
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 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
4. Guidance Counselor/Principal Form

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 become Breakthrough teachers and encouraging them to pursue careers in education and youth-service.

STUDENT’S NAME: ________________________________

First                      Middle                      Last

NAME OF COUNSELOR/PRINCIPAL: ________________________________

SCHOOL NAME: ________________________________

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

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Is the student eligible and/or do they receive free or reduced lunches?

☐ yes    ☐ no   ☐ unknown

Does the student participate in advanced or honors classes?

☐ yes    ☐ no

Does the student have a GIEP and/or participate in a Gifted Program?

☐ yes    ☐ no

Does the student have an IEP and/or receive in-school learning support?

☐ yes    ☐ no

Does the student have a 504 Plan and/or receive in-school learning support?

☐ yes    ☐ no

If yes, please explain: ________________________________

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.

____________________________________________________

____________________________________________________

Thank you for your help in this process!
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: ____________________________

Teacher's Name: ____________________________

School: ____________________________

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

<table>
<thead>
<tr>
<th>1 = Below Average</th>
<th>2 = Average</th>
<th>3 = Above Average</th>
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</thead>
<tbody>
<tr>
<td>4 = Excellent</td>
<td>N = No Basis for Judgement</td>
<td></td>
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</table>

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

**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
- □ 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 teach. 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.

______________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

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______________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

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.

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<td>1 2 3 4 N</td>
<td></td>
<td></td>
<td></td>
</tr>
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I recommend this student to the BREAKTHROUGH PITTSBURGH program
- with great enthusiasm
- with some confidence
- with confidence
- 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?

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________________________________________________________________________

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