



NEW STUDENT APPLICATION

Early Action Deadline: December 1, 2021

Late Action Deadline: April 1, 2022

Breakthrough of Greater Philadelphia is a tuition-free, **academic enrichment program** committed to supporting academically motivated, but under-resourced middle school students to enter and succeed in college-preparatory high school programs. Programming for students and families begins the summer before sixth grade and continues during the school year until 9th grade.

Application Checklist

Steps:	To be completed by:
<input type="checkbox"/> 1. Student Statement <input type="checkbox"/> Student Information <input type="checkbox"/> Short Answers <input type="checkbox"/> Creativity Box <input type="checkbox"/> Opinion Essay	Student
<input type="checkbox"/> 2. Family Statement <input type="checkbox"/> Short Answers <input type="checkbox"/> Family Contact Information	Parent/Guardian
<input type="checkbox"/> 3. Free and Reduced Lunch Application Breakthrough assesses the whole student; your financial information does not necessarily determine your eligibility for our program.	Parent/Guardian
<input type="checkbox"/> 4. Family Commitment Agreement	Student and Parent/Guardian
<input type="checkbox"/> 5. Release of Records Form Please complete this form and submit it to Breakthrough	Parent/Guardian
<input type="checkbox"/> 6. Academic Records Please submit copies of your child's Report Card and PSSA Scores	Parent/Guardian
<input type="checkbox"/> 7. Teacher Reference Form Give these forms to one teacher who knows you well.	Teacher who knows the student well
<input type="checkbox"/> 8. Personal Reference Form Give these forms to an unrelated teacher, mentor, coach, or youth leader who knows you well.	Unrelated adult who knows the student well
<input type="checkbox"/> 9. Guidance Counselor or Principal Form Give these forms to the school counselor or principal.	Counselor or Principal



**Please mail applications to: Breakthrough of Greater Philadelphia,
34 W. Coulter St, Philadelphia, PA 19144**

Frequently Asked Questions:

What is Breakthrough of Greater Philadelphia?

Breakthrough of Greater Philadelphia is a **tuition free, academic enrichment program** for highly motivated, under-resourced middle school students.

When should my student apply to Breakthrough?

Unfortunately, we cannot accept students prior to their 6th grade school-year. We may be able to accommodate older students on a wait-list basis into our older classes.

Who are Breakthrough students?

Breakthrough students are highly motivated and under-resourced students who have above-average grades, are good citizens in their schools. 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 families are expected to participate actively in the program starting the summer before seventh grade. The program consists of school-year Saturday programs at least twelve times throughout the school year and a six-week, intensive summer session, before a student's sixth, seventh, eighth, and ninth grade years.

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 not apply to the program.

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

Within two weeks of the submission deadline, you will know if you are invited for an interview. Applications received by the priority deadline may be invited to an interview in January or February. Applications received by the regular deadline will be interviewed throughout March and April. After interviews, final decision letters will be mailed by March 1, 2022 for priority deadline and April 1, 2022 for all other applicants.

Where is Breakthrough of Greater Philadelphia?

Breakthrough offices are located at Germantown Friends School, 34 W. Coulter St., Philadelphia, PA 19144. We hold program activities at our two sites: Germantown Friends School and Drexel University.

**Is transportation provided?**

We are able to provide support for transportation costs via SEPTA for the summer program and Super Saturday program on a financial aid application basis. Students who are unable to take SEPTA will need to be responsible for their own transportation to and from their program site.

When is the application due?

Priority deadline applications are due December 1, 2021. Priority applicants will find out by mid-February whether or not they have moved to the second round of the admissions process. The regular deadline is February 1, 2022 and applicants will find out by mid-March whether they have moved to the next round. The earlier you complete your application, the better!

Any important advice?

Breakthrough of Greater Philadelphia is a highly selective program which means that there are many strong applicants who submit applications and only 150 students will be admitted. While you may or may not be admitted, this will be a great learning process for you regardless. 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 PHONE: _____ STUDENT EMAIL ADDRESS: _____

NAME OF CURRENT SCHOOL: _____ GRADE: _____

School District of Philadelphia Students: SCHOOLNET/LUNCH ID #: _____

Please list the names of the one teacher, one personal reference from a school or non-school activity, and the name of the counselor or principal who will give reference forms.

1. TEACHER'S NAME: _____ SUBJECT: _____

2. PERSONAL REFERENCE NAME: _____ SUBJECT: _____

3. GUIDANCE COUNSELOR/PRINCIPAL NAME: _____

SURVEY:

1. How much time on average do you spend on homework each night? _____

2. Do you find work at school (circle one): **too easy** **too hard** **about right**

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

1. Breakthrough students attend a six-week summer program and up to twelve days of the Super Saturday program throughout the school year. Explain why you want to spend your summers and occasional Saturdays at Breakthrough. 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 of Greater Philadelphia is a tuition-free academic enrichment program that **requires a four--year commitment for both me and my family**. I understand that if I am accepted into the program, I will be expected to attend the six week summer program, the summers before my 6th, 7th, 8th, and 9th grade years from 9:00 a.m. – 4:30 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 also understand that throughout the school year of 6th,7th and 8th grade, I will be expected to attend the Breakthrough Saturday program.

Student Signature: _____ Date: _____



STUDENT'S NAME: _____
First Last

CREATIVITY BOX:

Use this box to tell us about yourself. Fill it up! Use your creativity. Put anything here; pictures, drawings, poetry, math equations, a rap, a collage, or whatever else shows us more about who you are! **Whatever you do, keep it in the box.**



STUDENT'S NAME: _____
First Last

OPINION ESSAY:

Choose one of the following essay prompts:

- a. Consider a community of which you are part of (e.g., neighborhood, school, or church) and reflect on one challenge faced by that community. How can you help solve this challenge?
- b. Describe a time in your life when you were told that you could not participate in or achieve something that you wanted to do or believed you could achieve. How did you react? What ultimately happened?

*We suggest you **do a practice or rough draft first**, and then, write your final draft below. Please remember to print clearly. Show us your best writing! Your essay should have several paragraphs that include a topic sentence, supporting ideas for your opinion and a conclusion. Please attach an additional sheet if more space is needed.*

Essay should be three to five paragraphs in length with an introduction, supporting evidence, and a closing. Be sure to edit your first draft and ask an adult to check your spelling and grammar. The ideas and words of the essay should be yours.



2. Family Statement

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.

1. What are your child's interests and/or extracurricular commitments? Please list any special activities that your child is involved in that are particularly important to you and him/her and identify the days and times your child attends.

2. How do you actively participate in your child's education? How do you anticipate supporting your child in Breakthrough?

3. What are your dreams for your child? How do you think Breakthrough will help your student reach his or her goals?



STUDENT'S NAME: _____
First Last

4. Breakthrough demands a dedicated commitment on behalf of both the student and the family. Your child will be challenged during his/her experience. How will you help your child to stay focused and committed throughout this rigorous program?

5. What do you love about your child? What would you like us to know about them?

6. Please explain a time when your child demonstrated extra effort? What motivated your child to do so?

7. Think of a time where you disapproved of your child's action (if you have not disapproved of their actions, imagine they engaged in a behavior of which you disapproved). What actions did you take, and how did your child respond?

FAMILY CONTACT INFORMATION:

Breakthrough of Greater Philadelphia • 34 W. Coulter St, Philadelphia, PA 19144 • 215.261.6705
info@breakthroughphilly.org • www.breakthroughphilly.org • fax: 215.951.2397



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 and/or do they 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

STUDENT'S NAME: _____

3. Free or Reduced Lunch Application Form (Next Page) and Financial Qualification:

Breakthrough seeks to increase educational opportunities for highly-motivated middle school students. We ask about family income to help us assess whether your family might have access to other opportunities aside from our program. Breakthrough assesses the whole student, and your financial information is only once piece of the student profile. Your answers do not necessarily determine eligibility for the program.

- a. Please **complete the chart below** regarding the students' household. **INCLUDE the student** applicant in your counts.

Total Number	Number of Adults (include college students)	Number of infants	Number of pre-school age children	Number of school age children	# teenage children (including applicant)

- b. What was the total **annual household** income last year? _____
- c. If your child is selected for an interview, we will need to verify your reported information with a **copy of your most recent tax return**. This information will be kept confidential. It is **FREE to obtain a copy of your filed tax return online** at <http://www.irs.gov/Individuals/Get-Transcript>. **You may also choose to send it in at this time with this application.**

If you need assistance with this portion of the application, please call us at 267-401-5573

Have there been any significant changes to the student's household income since last year that you would like to discuss? Please explain.



2019-2020 Pennsylvania Household Application for Free & Reduced Price School Meals and Special Milk Program (Complete one application per household. Use a pen)

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.*	Child's First Name	MI	Child's Last Name	Grade Entered or read same	Student? Yes No	Homeless, Migrant, Runaway Foster Child
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 School Meals for more information.						

Check all that apply

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

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 nine (9) digit 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 no income is received 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	How often?				Public Assistance/Child Support/Alimony	How often?				Pensions/Retirement All Other Income	How often?						
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly			
	\$	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

STEP 4 Contact Information and Adult Signature MAIL COMPLETED FORM TO YOUR CHILD'S SCHOOL

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

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 school 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

Printed name of adult signing the form Signature of adult Daytime Phone and Email (optional)

Today's date



STUDENT'S NAME: _____

First

Last

4. Family Commitment Agreement:

Student & Parent(s)/Guardian(s): Please review the Family Commitment Agreement carefully. If you have any questions, comments, or concerns, please contact the Director of Program at 267.255.9651

Breakthrough will provide academic support throughout each student's program experience, so that he or she can be best prepared for high school and college. Students and parents recognize that participating in Breakthrough is a three-year commitment. Breakthrough expectations are outlined below.

Middle School: Summer Program

During summer before 7th, 8th, and 9th grade school year students attend the six-week program, Monday through Friday from 9:00 a.m. – 4:30 pm (with slight variations by site). During this time, it is expected that students complete up to two hours of homework per evening.

Mandatory Dates for Year One of the 2021-2022 Summer Program	
New Student Orientation	To Be Announced
Summer 2021 Session	June 27 th – August 5 th
Meet the Teacher and High School Options Night	To Be Announced,
Summer 2022 Celebration	To Be Announced,

Do you see any possible conflicts with Summer Program attendance or completing homework?

No Yes

If yes, please explain: _____

School-Year Program

Students will attend approximately twelve half-day (10:00 a.m. – 2:00 p.m.) Saturday sessions during their 6th, 7th and 8th grade school years. It is expected that students attend all Saturday sessions. Students must share report cards regularly with Breakthrough staff to monitor progress and determine needs for additional supports.

Do you see any possible conflicts with school-year program attendance or expectations?

No Yes

If yes, please explain: _____



Family Involvement

Breakthrough is a successful program because everyone involved sets and meets high expectations. Families play an important role in the program and are instrumental in helping each student to be successful. This includes supporting your student in his or her academic endeavors, in addition to participating in Breakthrough events throughout the year.

Do you see any possible conflicts with the family commitment?

No

Yes

If yes, please explain: _____

Transportation

Breakthrough will be able to support with transportation costs via SEPTA for the summer and Super Saturday programs on a yearly financial aid basis. Financial aid funds are not guaranteed. Parents may also drop off and pick up their child from our program location.

Financial Contribution

While Breakthrough of Greater Philadelphia is a tuition-free program, each family is expected to contribute fees in support of program services for each child enrolled in the program each year

Statement of Understanding

I/We understand that Breakthrough of Greater Philadelphia requires the entire family to make a three-year commitment. I understand that if my student is accepted into the program I will be called upon to attend meetings, to provide transportation to or from program at times, to be active in the program by reading all correspondence from and communicating regularly with the administrators of Breakthrough, and to otherwise support my student as needed. In return for my effort, Breakthrough will provide stimulating and fun curricula designed and taught by talented college and high school students and will provide support and guidance for the high school – and eventually college – application process. **I/ We give permission for my/our student to apply and we will make sure he/she is an active participant throughout the program.**

Parent/Guardian Signature: _____ Date _____



5. Release of Information Form

PARENT/GUARDIAN:

Please complete and sign this form and return it to Breakthrough along with the other required application materials.

Dear Principal/Counselor at _____ School:
(Name of your student’s school)

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

is applying to Breakthrough of Greater Philadelphia, a tuition-free academic enrichment program for motivated, college-bound students who attend public and charter schools in Philadelphia. Hosted by Drexel University and Germantown Friends School, the program engages students for three years and is highly selective. The application requires submission of original transcripts (including at least 5th and 6th grade information), most recent standardized test scores, and copies of all IEP, if applicable.

I hereby authorize release of my student’s records as identified above to Breakthrough’s office:

Breakthrough of Greater Philadelphia

34 West Coulter Street
Philadelphia, PA 19144
Phone: 215.951.6705
Fax: 215.951.2397

Parent/Guardian Signature

Date

Parent/Guardian Printed Name



6. Academic Records

PARENT/GUARDIAN: Please attach the following related to your student's academics:

- Final 5th grade report card
- 5th grade PSSA scores
- Most recent 6th grade report card (if applicable)

The application is not complete until these documents are received by Breakthrough.



7. Teacher Reference Form

Breakthrough Philadelphia is a tuition-free, academic enrichment program, which prepares academically motivated, but under-resourced middle-school students to enter and succeed in college-preparatory high school programs. Programming for students and families begins the summer before 6th grade and continues during the school year. 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.

We would appreciate your candid responses, which will be kept confidential. If you have any questions regarding the program, please call the Program Manager at 267-257-1581.

Please mail this form to:

**BREAKTHROUGH PHILADELPHIA
ATTN: Student Recruitment
34 W. Coulter St
Philadelphia, PA 19144**

Thank you for your help with this process!

Student's Name: _____ School: _____

Teacher's Name: _____ Subject(s): _____

Breakthrough students are asked to commit to a three 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.

KEY		
1 = NO BASIS FOR JUDGMENT	2 = BELOW AVERAGE	3=AVERAGE
4 = ABOVE AVERAGE	5 = EXCELLENT	

Student’s skill level in your class:

- Very Advanced
 Advanced
 Proficient
 Other _____

Supports and encourages peers	1 2 3 4 5
Adapts to new challenges	1 2 3 4 5
Demonstrates humility	1 2 3 4 5
Embraces honest feedback	1 2 3 4 5
Open to new ideas and change	1 2 3 4 5

Thinks through challenging tasks	1 2 3 4 5
Has motivation to go above and beyond	1 2 3 4 5
Seeks ways to help self and community	1 2 3 4 5
Communicates respectfully with adults and peers	1 2 3 4 5
Takes positive risks/steps outside comfort zone	1 2 3 4 5

I recommend this student to the BREAKTHROUGH PHILADELPHIA 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 (ICs) 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 four-year colleges.

For more information about expectations, qualifications, and compensation, please visit our national affiliate site, <https://www.breakthroughcollaborative.org/coach>.



8. Personal Reference Form

Breakthrough Philadelphia is a tuition-free, academic enrichment program, which prepares academically motivated, but under-resourced middle-school students to enter and succeed in college-preparatory high school programs and matriculate to a four-year college. Programming for students and families begins the summer before sixth grade and continues during the school year. 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.

We would appreciate your candid responses, which will be kept confidential. If you have any questions regarding the program, please call the Program Manager at 267-257-1581.

Please mail this form to:

**BREAKTHROUGH PHILADELPHIA
ATTN: Student Recruitment
34 W. Coulter St
Philadelphia, PA 19144**

Thank you for your help with this process!

Student's Name: _____

How Known: _____

Reference's Name: _____

Year(s) Known: _____

Breakthrough students are asked to commit to a four-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.

Reference's 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.

KEY		
1 = NO BASIS FOR JUDGMENT	2 = BELOW AVERAGE	3 = AVERAGE
4 = ABOVE AVERAGE	5 = EXCELLENT	

Supports and encourages peers	1 2 3 4 5
Adapts to new challenges	1 2 3 4 5
Demonstrates humility	1 2 3 4 5
Embraces honest feedback	1 2 3 4 5
Open to new ideas and change	1 2 3 4 5

Thinks through challenging tasks	1 2 3 4 5
Has motivation to go above and beyond	1 2 3 4 5
Seeks ways to help self and community	1 2 3 4 5
Communicates respectfully with adults and peers	1 2 3 4 5
Takes positive risks/steps outside comfort zone	1 2 3 4 5

I recommend this student to the BREAKTHROUGH PHILADELPHIA 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?



9. Guidance Counselor/Principal Form

Breakthrough Philadelphia is a tuition-free, academic enrichment program, which prepares academically motivated, but under-resourced middle-school students to enter and succeed in college-preparatory high school programs and matriculate to a four-year college. Programming for students and families begins the summer before sixth grade and continues during the school year. 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 mail this form to:

BREAKTHROUGH PHILADELPHIA
ATTN: Student Recruitment
34 W. Coulter St
Philadelphia, PA 19144

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 participate in a Gifted and Talented 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 three-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!