Explore Your Future
Two Sessions: July 8 - 13 or July 15 - 20, 2017

A Career Exploration Program for Deaf and Hard-of-Hearing Students

Please complete this application* and return it with the following supporting documents to the address below:

• An official copy of your high school transcript (from ninth grade to the present)
• A copy of your unaid audiogram (results without a hearing aid or cochlear implant)
• An official copy of your ACT/SAT/PSAT scores (if you have taken any of these tests)
• Financial Assistance Form (optional...complete only if you are applying for financial assistance)

Please send the application form and the above documents to:
Rochester Institute of Technology
NTID Explore Your Future Program
Lyndon Baines Johnson Hall
52 Lomb Memorial Drive, Rochester, N.Y. 14623-5604

We must receive all of the required information before we can consider your application. The application deadline is June 30, 2017

If you are accepted, you’ll receive by mail an official acceptance letter along with program payment information and other instructions. You’ll be asked to go online to print, complete and mail us the required program forms.

* Please note: Students who have attended EYF previously are not eligible to attend again.
The age limit for EYF participants is 19 years old.
Participants must be 19 years old or younger as of August 1, 2017.

Student Information (Please print clearly)

Student’s Name
Date of Birth (mo/day/yr) ____________________ Age _______ □ Male □ Female
Home Address _____________________________________________________________
City/Town __________________________ State _______ Zip Code __________________
□ Voice □ Videophone (_______)____________________________________________
Cell/Text (_______)_______________________________________________________
E-mail: __________________________

Please indicate your adult t-shirt size □ Small □ Medium □ Large □ X large □ XX large

Choice of Session (Please select the session you wish to attend.)
□ Session 1 – July 8 - 13, 2017
□ Session 2 – July 15 - 20, 2017

Preference of Communication (Please check one)
□ Speech and lipreading. I do not use sign language.
□ American Sign Language only.
□ Speech and sign language.

High School Information (Please print clearly)

High School Name __________________________________ Graduating Year ________
Address ________________________________________________________________
Please mail the printed application and supporting documents to:
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NTID Explore Your Future Program
Lyndon Baines Johnson Hall
52 Lomb Memorial Drive
Rochester, N.Y. 14623-5604

Optional Information

1) If you wish to be identified with a particular ethnic group, please check the appropriate one.
   □ African American, Black
   □ Asian American
   □ Native American, Alaskan Native
   □ Hispanic, Latino
   □ Native Hawaiian, Pacific Islander
   □ White, Caucasian
   □ Other ________________________________

2) If you have taken any of the following college entrance tests, please indicate your score in the appropriate box below:
   □ ACT Composite Score
   □ SAT Total score (sum of the critical reading, math and writing scores)
   □ PSAT Selection Index (sum of the critical reading, math and writing score)
   If you have a copy of the official scores, please enclose them with this application.

3) How did you first find out about the Explore Your Future (EYF) program?
   □ Received information from RIT/NTID
   □ Saw the advertisement or article in ________________________________ (Name of magazine or other publication)
   □ Found out about it from my school counselor or teacher
   □ Found out about it from a friend or family member
   □ Read about it online
   □ Other ________________________________

What language does your family use at home? ________________________________

Parent/Guardian Information (Please print clearly)

Parent/Guardian’s Name ________________________________

Home Address ________________________________

City/Town ________________________________ State ____________ Zip Code ____________

Home Phone □ Voice □ TTY □ Videophone (_______)

Work Phone □ Voice □ TTY (_______)

Fax: (_______) ______________________  Cell/Text: (_______)

Parent/Guardian’s E-mail Address _____________________________________________