



**Rochester Institute of Technology**  
 Scholarship Program for Rochester City Schools District  
 Student Eligibility Certification

**Student Identifying Information**

Student Name: \_\_\_\_\_  
Last First MI

Permanent Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Day/Month/Year

**Eligibility Certification (please confirm each)**

**The student listed above has:**

Attended Rochester City School District grades 10, 11 & 12:  Yes  No  
 Resided in the Rochester City School District grades 10, 11 & 12:  Yes  No

School(s) attended: \_\_\_\_\_

Entered: \_\_\_\_\_ Expected RCSD graduation date: \_\_\_\_\_  
Month/Year Month/Year

**School Counselor Information**

My signature below indicates that the student information provided on this form is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Print name Title

\_\_\_\_\_  
Phone Number E-Mail

\_\_\_\_\_  
Signature Date

Return to: Office of Undergraduate Admissions, 60 Lomb Memorial Drive, Rochester, NY 14623 or Fax: 585-475-7424

Questions? Please contact the Office of Financial Aid and Scholarships at: Phone: 585-475-2186 - E-Mail: ritaid@rit.edu