

**Partial scholarships are available to those students who can document need.**

The cost of the program is \$50. This includes early move-in, instructional time, equipment, RIT Labs, recreational activities, two meals, program t-shirt, water bottle, supplies and more!

**Please complete each space and write N/A if not applicable.**

1. **Student's Name** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

2. **Home Address** Number and Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. **Phone** Home(\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
*(If different from home phone)*

4. **Parent's Email address** \_\_\_\_\_

4. My child/ward will require \$\_\_\_\_\_ to offset the cost of participating in the program.  
 We can provide \$\_\_\_\_\_ of the \$50 Program Fee.  
*Please note: A \$15 fee will apply to all students awarded any type of scholarship.*

5. WE@RIT uses the State School Lunch Program Assistance program as a guideline for financial need qualifications. Please state what School Lunch Program you have participated in:

\_\_\_\_\_

***Please submit a copy of the lunch program document.***

6. If NOT part of a School Lunch Program, but are applying for a Scholarship, please state the type of financial assistance you receive:

\_\_\_\_\_

\_\_\_\_\_

***Please submit a copy of forms or documentation used for this consideration.***

7. Please state any other special circumstances that the scholarship support committee should take into consideration (continue on the back if necessary):

\_\_\_\_\_

\_\_\_\_\_

8. Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form by attaching to an email to [we@rit.edu](mailto:we@rit.edu) by July 15<sup>th</sup>, or mail to:**

WE@RIT / Kate Gleason College of Engineering  
 RIT  
 77 Lomb Memorial Drive  
 Bldg GLE/9 Room 2505  
 Rochester, NY 14623