

Financial Assistance Form

Name: _____

Program Fee

The fee for the six-day Health Care Careers Exploration Camp program is \$700 and includes program and activity fees, room and board expenses.

Payment Options:

Payment will be paid by (Please check all that apply):

I am interested in a scholarship. (Please fill out the information below.)

I will seek private or public agency support. (Please fill out the information on the bottom of the page.)

Scholarship Information (Must be submitted by April 15, 2023)

1. A limited number of scholarships are available. All students who wish to be considered for a scholarship must submit a copy of their parents' or guardians' 2019 tax form. The tax form is required before any scholarship assistance can be considered or granted.
2. Briefly state why you are applying for a scholarship and how much financial assistance you will require. You may continue on a second sheet of paper if you need more room to write.

(Please print clearly)

How much would you or your family be able to contribute to the cost of attending the program? _____

Private or Public Agency Support Amount to be paid \$ _____

School Community Civic Groups (i.e., Lion's Club, etc.) Other _____

(If multiple agencies are paying, please provide additional contact information on a separate paper.)

Name of supporting organization, agency, charity or fraternal group: _____

Name of contact person: _____

Billing address: _____

City/Town: _____ State: _____ Zip Code _____

Phone: Voice VP (_____) _____

E-mail address: _____ Fax (_____) _____

Authorized Signature: _____ Date: _____

Vocational Rehabilitation

Your local VR office may be able to provide you with a number of state-supported resources related to employment options for people with disabilities. Some states provide funding for programs such as HCCEP and other services for deaf or hard-of-hearing students starting out on their career search. If you have not done so, now is the time to make the connection with your local VR office. For a list of VR offices in the U.S. visit :

ntid.rit.edu/prospective/vr.php

HCCEP staff will compile career evaluation information for you based on your attendance at the HCCEP program. VR requires this information if they are financially supporting your participation. Your parent's or guardian's signature gives us permission to release this information about you to your VR counselor.

Please have a parent or guardian sign here if you are receiving Vocational Rehabilitation funding.

Signature of Parent/Guardian: _____ Date: _____

If VR will be sponsoring you, please have the VR counselor provide the following information.

VR counselor's name: _____

Name of VR office: _____

Address of VR office: _____

City: _____ State: _____ Zip Code: _____

Phone: Voice TTY (_____) _____

E-mail address: _____ Fax (_____) _____

The office of VR agrees to pay the program fee of \$700.00.

VR Counselor's Signature: _____ Date: _____

After you complete the parts of this form that pertain to you, please fax them to 585-475-7460, or e-mail to NTIDOutreach@rit.edu.

If you have questions, contact us at:

585-475-7695 (voice)
or by e-mail at NTIDOutreach@rit.edu
or by text/FaceTime: 585-448-9651
or by VP 585-286-4555