



# Financial Assistance Form

**Name:** \_\_\_\_\_

## Program Fee

The fee for the six-day TechBoyz 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 May 1, 2019)

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' 2018 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 TechBoyz 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:

**[www.ntid.rit.edu/prospective/vr.php](http://www.ntid.rit.edu/prospective/vr.php)**

**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 mail the form to:**

National Technical Institute for the Deaf  
TechBoyz Camp  
52 Lomb Memorial Drive  
Rochester, NY 14623

**If you prefer to fax the forms, please fax to 585-475-7460.**

**If you have questions, contact us at:**

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