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, 2017)
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’ 2016 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 __________________________

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 or by e-mail at TechBoyz@ntid.rit.edu
Vocational Rehabilitation

If you are 14 years of age or older, 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

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

TechBoyz Staff will compile career evaluation information for you based on your attendance at the camp. 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.

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: o Voice o TTY (_____)(____)________________________ Fax (___)(____)________________________
E-mail address __________________________________________

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

VR Counselor’s Signature ________________________________ Date __________________

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