



This application form is available online at www.rit.edu/NTID/EYF.

Explore Your Future 2011

A Career Exploration Program for Deaf and Hard-of-Hearing Students

Please complete this application* and return it with the following supporting documents to the address below:

- A copy of your high school transcript (from ninth grade to the present)
- A copy of your unaided audiogram (results without a hearing aid or cochlear implant)
- An official copy of your ACT/SAT/PSAT scores (if you have taken any of these tests)
- Financial Assistance Form (optional...complete only if you are applying for financial assistance)

Please send the application form and the above documents to:

Rochester Institute of Technology
NTID Explore Your Future Program
Lyndon Baines Johnson Building
52 Lomb Memorial Drive
Rochester, N.Y. 14623-5604

We must receive all of the required information before we can consider your application.

If you are accepted, you'll receive by mail an official acceptance letter along with program payment information and other instructions. You'll be asked to go online to print, complete and mail us the required program forms by April 30, 2011.

*** Please note: Students who have attended EYF previously are not eligible to attend again.
The age limit for EYF participants is 19 years old.
Participants must be 19 years old or younger as of August 1, 2011**

Student Information (Please print clearly)

Student's Name _____

Date of Birth (mo/day/yr) _____ Age _____ Male Female

Home Address _____

City/Town _____ State _____ Zip Code _____

Voice TTY Videophone (_____)

Cell/Text: (_____) _____ E-mail: _____

Please indicate your adult t-shirt size: Small Medium Large X large XX large

High School Information (Please print clearly)

High School Name _____

Address _____

City _____ State _____ Zip Code _____

I currently am a high school Sophomore Junior

School Counselor's Name _____

School Counselor's Voice TTY Videophone (_____)

Fax (_____) _____

School Counselor's E-mail Address _____

Parent/Guardian Information (Please print clearly)

Parent/Guardian's Name _____

Home Address _____

City/Town _____ State _____ Zip Code _____

Home Phone: Voice TTY Videophone (_____) _____

Work Phone: Voice TTY (_____) _____

Fax: (_____) _____ Cell/Text: (_____) _____ - _____

Parent/Guardian's E-mail Address _____

What language does your family use at home? _____

Choice of Session

Please select the session you wish to attend.

Session 1 – July 16-21, 2011

Session 2 – July 23-28, 2011

Preference of Communication

(Please check one)

Speech and lipreading. I do not use sign language.

Speech and sign language.

American Sign Language only.

Optional Information

1) If you wish to be identified with a particular ethnic group, please check the appropriate one.

African American, Black Asian American Native American, Alaskan Native

Hispanic, Latino Native Hawaiian, Pacific Islander White, Caucasian

Other _____

2) If you have taken any of the following college entrance tests, please indicate your score in the appropriate box below:

ACT Composite Score SAT Total score (sum of the critical reading, math and writing scores)

PSAT Selection Index (sum of the critical reading, math and writing score)

If you have a copy of the official scores, please enclose them with this application.

3) How did you first find out about the Explore Your Future (EYF) program?

Received information from RIT/NTID

Saw the advertisement or article in _____ (Name of magazine or other publication)

Found out about it from my school counselor or teacher

Found out about it from a friend or family member

Read about it online

Other _____

Please mail the printed application and supporting documents to: Rochester Institute of Technology
NTID Explore Your Future Program
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52 Lomb Memorial Drive
Rochester, N.Y. 14623-5604

If you have any questions, please contact us:

Voice/TTY: 585-475-6700 or toll-free in the US and Canada at

1-866-644-6843 (voice/TTY) Fax: 585-475-2696

E-mail: EYFinfo@rit.edu