



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

Explore Your Future 2009

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

Spaces are filling up quickly. Apply today!

Please complete this application* and return it with the following required information 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)

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.

*** 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, 2009**

Student Information (Please print clearly)

Student's Name _____

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

Home Address _____

City/Town _____ State _____ Zip Code _____

Home Phone: Voice TTY (_____) _____

Cell/Pager: (_____) _____ 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 Phone: Voice TTY (_____) _____

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 (_____) _____

Work Phone: Voice TTY (_____) _____

Fax: (_____) _____ Cell/Pager: (_____) _____

Parent/Guardian's E-mail Address _____

What language does your family use at home? _____

Would you prefer these materials in Spanish? Yes No

Choice of Session

Please select the session you wish to attend.

Session 1 – July 18-23, 2009

Session 2 – July 25-30, 2009

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 _____

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

This form is for application to the EYF summer program only.