Financial Assistance Form

Name ___________________________________________________________________________

Program Fee

The fee for the two-week NSP program is $700 and includes program and activity fees, room and board expenses.

Payment Options:

NSP 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.)
☐ I will seek financial assistance from Vocational Rehabilitation. (Please fill out the information on the next page.)

Scholarship Information (Must be submitted by June 1, 2018)

1. Scholarships are available, so please apply as soon as possible. All students who wish to be considered for a scholarship must file a FAFSA for the 2018-2019 academic year. The FAFSA 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

Some states provide funding for programs such as NSP and other services for deaf or hard-of-hearing students. 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.rit.edu/ntid/vr

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 __________

Voice ☐ VP (_______) ☐

E-mail address ___________________________ Fax (_______) __________________________

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

VR Counselor’s Signature ___________________________ Date ___________________

(Signature required)

After you complete the parts of this form that pertain to you, please mail the form to:

Rochester Institute of Technology
NTID Student Financial Services
New Signers Program
52 Lomb Memorial Drive
Rochester, NY 14623

If you prefer to fax the form, please fax to 585-475-7850

If you have questions, contact Barb Polle at 585-475-6863, 585-286-5516 (videophone) or by e-mail at blptso@rit.edu