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)
- A short essay or paragraph indicating why you want to attend this camp and what your long term goals might be in the health care profession.
- Financial Assistance Form (complete only if you are applying for financial assistance for travel)

Please send the application form and the above documents to:
Rochester Institute of Technology
NTID Droids and Drones Camp
Lyndon Baines Johnson Hall
52 Lomb Memorial Drive, Rochester, N.Y. 14623-5604

We must receive all of the required information before we can consider your application. The application deadline is May 15, 2017.

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.

* Please note: This summer camp program is for Alabama residents only. The age limit for participants is 18 years old. Participants must be 18 years old or younger as of August 1, 2017.

**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: ____________________________

**High School Information** (Please print clearly)

High School Name ____________________________________________ Graduating Year of: ______

Address ____________________________________________________________________________

City ______________________________________________ State ____________ Zip Code ______________

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? ________________________________

Preference of Communication
(Please check one)

□ Speech and lipreading. I do not use sign language.

□ American Sign Language only.

□ Speech and sign language.

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 Droids and Drones Camp 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 Droids and Drones Camp
Lyndon Baines Johnson Hall
52 Lomb Memorial Drive
Rochester, N.Y. 14623-5604

If you have any questions, please contact us:

Phone: 585-475-7695

Videophone: 585-286-4555

Email: ntidoutreach@ntid.rit.edu

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