Explore Your Future
July 19 - 24, 2014

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 Hall
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.

* 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, 2014.

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 ____________________________________ 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. ☐ 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 __________________________________________________________

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If you have any questions, please contact us:
Phone: 585-475-6700 (voice) or toll-free in the US and Canada at 1-866-644-6843 (voice/TTY),
Videophone: 585-743-1366
Fax: 585-475-2696
Email: EYFinfo@rit.edu

This form is for application to the EYF summer program only. Participation in NTID Outreach Programs for deaf and hard-of-hearing students does not guarantee eligibility for admission to RIT/NTID.