



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 _____

Phone 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