



Droids and Drones Summer Camp

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

June 17 - 22, 2018

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 from you describing your long term career goal and why you think this program will benefit you.
- 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, 2018.**

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: Because of special funding and local sponsorship, Droids and Drones summer program for 201 can only accept campers who are residents of the following states in the southeastern U.S.: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina and Tennessee.**

The age limit for participants is 18 years old. Participants must be 18 years old or younger as of August 1, 2018.

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 questions, please contact us:

Phone: 585-475-7695

Videophone: 585-286-4555

Text/Facetime: 585-448-9651

Email: ntidoutreach@ntid.rit.edu