

Eligibility Requirements and Parental Permission

(to be completed by parent or guardian)

My child, _____, is enrolled in grade 10–12 and has significant hearing loss.

(child's name)

This child has my permission to participate in RIT's Financial Wizards for deaf and hard of hearing students. I understand that participation in NTID Outreach Programs for deaf and hard of hearing students does not guarantee eligibility for admissions to RIT/NTID.

Parent's or guardian's signature: _____ Date: _____