

### Financial Assistance Form (page 1 of 2)

Name: \_\_\_\_\_

**Program Fee:** The fee for the six-day Health Care Careers Exploration Program is \$700 and includes all expenses.

**Payment Options:** HCCEP 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 30, 2024)

1. A limited number of scholarships are available, so please apply as soon as possible. All students who wish to be considered for a scholarship must submit a copy of their parents' or guardians' 2023 tax form. The tax form is required before any scholarship assistance can be considered or granted.
2. If you have not already submitted your most recent high school transcript (showing grades since 9th grade), and unaided audiogram, please include one with this scholarship application.
3. 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? \_\_\_\_\_

Do you need financial support for transportation? \_\_\_\_\_

**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

Email address: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Financial Assistance Form (page 2 of 2)

#### Vocational Rehabilitation

Your local VR office may be able to provide you with a number of state-supported resources related to employment options for people with disabilities. Some states provide funding for programs such as HCCEP and other services for deaf or hard-of-hearing students starting out on their career search. 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: [rit.edu/ntid/tuition/state-by-state-vr](http://rit.edu/ntid/tuition/state-by-state-vr)

Please have a parent or guardian sign here if you are receiving Vocational Rehabilitation (VR) funding.

HCCEP staff will compile career evaluation information for you based on your attendance at the HCCEP program. VR requires this information if they are financially supporting your participation. Your parent's or guardian's signature gives us permission to release this information about you to your VR counselor.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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

Email address: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

The office of VR Agency agrees to pay:

- Program Fee (\$700.00)
- Linens (\$45.00)
- Shuttle (\$10.00 each way)
- Airfare

VR Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**After you complete the parts of this form that pertain to you, please fax to (585) 475-2696, or email us at [NTIDOutreach@rit.edu](mailto:NTIDOutreach@rit.edu).**

**If you have questions, contact us at:**

- (585) 475-6700 (voice)
- (585) 286-4555 (videophone)
- (585) 448-9651 (text/FaceTime)
- or toll-free in the U.S. and Canada at 1-(866) 644-6843 (voice)
- or by e-mail at [NTIDOutreach@rit.edu](mailto:NTIDOutreach@rit.edu)