



DO-IT

DO-IT Scholars Program Application

You are encouraged to submit your application by **January 10th**. Applications received after that date will be reviewed on a space available basis.

A complete DO-IT Scholars application includes all four of the following items:

- ____ Student application
- ____ Recommendation from a high school teacher or administrator
- ____ Parent/guardian recommendation and consent
- ____ Student's official grade report/transcript (request form attached)

Student Application DO-IT Scholars Program

This form is to be completed by the high school student applicant. Please attach any additional printed, typed, audio, or video taped responses labeled with the student's full name. Return forms and attachments to:

DO-IT Scholar Application
University of Washington, Box 354842
Seattle, Washington 98195-4842

Applicant name _____

Address _____

Telephone _____ Email _____

Date of birth _____ Sex _____ Ethnicity _____

High school name _____

Grade level _____ Expected date of graduation _____

Academic and other awards (if any): _____

Signature _____ Date _____

Respond to items 1-10 on a separate piece of paper (or on audio or video tape, if your disability affects your writing). You must respond to each question.

1. Please describe your interest in your two favorite academic courses (e.g., science, math, etc.). Explain why.

(over)



2. Describe your educational and career goals.
3. Describe how you feel about meeting and corresponding with other high school students who have a variety of disabilities and are interested in pursuing higher education.
4. What is the nature of your disability and how does it affect your learning?
5. What types of accommodations and / or support persons (including attendant) do you use at school presently?
6. Describe your computer and internet experience (if any).
7. If you have experience using computers, does your disability require that you use special software or hardware in order for you to use a computer and, if so, what adaptive computer hardware or software do you find most useful?
8. Please state in one hundred words or less why you would like to be included in the *DO-IT Scholars* program.
9. If you received assistance from another person or used another accommodation to complete this form, please describe fully the type of assistance you received (e.g., dictated answers to someone, etc.).
10. Additional comments (optional).

About the *DO-IT Scholars* Program

The *DO-IT Scholars* program prepares young people with disabilities for college, careers, independent living, and leadership roles in society.

The *DO-IT Scholars* program consists of three phases. After graduating from the third phase, *Scholars* become *DO-IT Ambassadors*. There are two main components to the *DO-IT Scholars* program:

- **Summer Study**—Over the course of three summers, *Scholars* participate in a one or two week live-in summer program at the University of Washington in Seattle. *DO-IT Scholars* participate in academic lectures and labs; live in residence halls; and practice skills that will help them become independent and successful in college.
- **Internetworking, Mentoring, and Peer Support**—*DO-IT Scholars* learn to use computers to enrich their education and to explore academic and career interests using the Internet. They communicate electronically with mentors and other *DO-IT* participants from home using computers and, if necessary, special adaptive technology. *DO-IT Scholars* who do not have the necessary technology are loaned equipment and software while they participate in program activities.

If you have questions about the *Scholars* program or this form, please contact *DO-IT* at:
206-685-DOIT (3648) (voice / TTY), 888-972-DOIT (3648) (toll free voice / TTY),
206-221-4171 (FAX), 509-328-9331 (voice / TTY) Spokane,
doit@u.washington.edu

All DO-IT Scholars program offerings are contingent upon receipt of continued funding.

All DO-IT Scholar participants are required to be residents of Washington State.

The University of Washington ensures equal opportunity in education regardless of race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, disabled veteran, or Vietnam era veteran status in accordance with University policy and applicable federal and state statutes and regulations.



**Recommendation from
High School Teacher, Administrator, or Counselor
DO-IT Scholars Program**

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This form is to be filled out and returned by a teacher, counselor, or administrator. Please share pertinent information about the student and their disability. Return this form and any additional attachments to:

DO-IT Scholar Application
University of Washington, Box 354842
Seattle, Washington 98195-4842

.....
Name of person filling out report (please print) _____

Position/Title _____

Signature _____ Date _____

Address _____

Telephone _____ Email _____

Endorsement by School Principal _____
.....

Student applicant's name _____

High school name _____ District number _____

School Address _____

Grade level, current academic year _____

Student's cumulative high school GPA _____, for grades _____ through _____

What percentage of the student's time is spent in Specially Designed Instruction (SDI)? _____



Respond to questions on a separate piece of paper (or on audio or video tape, if needed).
You must respond to each question.

1. What is the nature of the student's disability and how does it affect him/her academically?
2. Please comment on this student's academic interests.
3. Please comment on this student's potential to complete a college program.
4. Please comment on how this student works in group learning environments.
5. Please comment on this student's computer skills.
6. Please comment on why you think this student is a good candidate for and how they would benefit from this program as described in the DO-IT Scholar brochure (<http://www.washington.edu/doi/Brochures/Programs/scholars.html>).
7. Additional comments (optional).

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**Parent/Guardian
Recommendation and Consent
DO-IT Scholars Program**

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This form is to be filled out by the parent or guardian of the applicant. Parents/legal guardians may submit application materials in their native language or in audio/video tape format. Return this form and any additional attachments with the complete application package to:

DO-IT Scholar Application
University of Washington, Box 354842
Seattle, Washington 98195-4842

.....
Student applicant's name (please print) _____

Name of parent/legal guardian (please print) _____

Address _____

Telephone _____ Email _____

Name of additional parent/legal guardian(s) (please print) _____

Address _____

Telephone _____ Email _____

I give approval for (applicant) _____ to participate in the *DO-IT Scholars* program and I authorize the release of school documentation related to his/her disability and academic record to DO-IT. I understand that, if accepted, my child is expected to attend Summer Study (usually held the last two weeks of July).

Signature _____ Date _____

.....
Respond to questions on a separate piece of paper (or on audio or video tape, if needed).
You must respond to each question.

1. Please comment on the interest the applicant has shown in attending a college or university after high school graduation.
2. In what areas has the applicant shown academic or career interests?
3. Why is the applicant a good candidate for this program as described in the *DO-IT Scholar* brochure? (<http://www.washington.edu/doi/Brochures/Programs/scholars.html>)
4. Provide additional comments or information regarding the applicant that would be useful to DO-IT staff.

(over)



5. Please describe any adaptive technology the applicant is using at home or school.
6. What technology is currently used at home?
Platform _____ (e.g., Mac/PC)
Model _____ (Model name is written on the CPU box, e.g., Apple G2)
CPU _____ (e.g., Pentium, Power PC, etc.)
7. If the applicant requires a loan of equipment to use at home during this project, please check the needed equipment below:
 Computer
 Software
 Adaptive technology
 Internet service

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**Official Grade Report/Transcript Request Form
for *DO-IT* Scholars Applicant**

Please do not send this form to DO-IT.

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This optional form is a tool for *Scholar* applicants to request transcripts. This form is to be filled out by the parent or legal guardian of the applicant and submitted to the applicant's school.

To be considered in the first round of the selection process, transcripts and other application materials must be received at DO-IT by January 10th.

Student's name _____

Home address _____

Phone _____

Birth date _____

Social security # _____

Name of school _____

Grade in school _____

I request that official grade reports/transcripts for the past two years be sent to DO-IT (Disabilities, Opportunities, Internetworking, and Technology) at the address or fax below. I give permission for this information to be sent to DO-IT.

Student signature _____ Date _____

Parent/guardian signature _____ Date _____

Parent/guardian name (print) _____

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