DO-IT Scholars Program Application and Parent/Guardian Consent

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 of the following items:
_____ Student Application
_____ Recommendation from High School Teacher or Administrator (signed by school principal)
_____ Parent/Guardian Recommendation and Consent
_____ Student's grade record for the last two years (Transcript Request Form attached)

Student Application
DO-IT Scholars Program

This form is to be completed by the high school student applicant. Please attach printed, typed, or taped responses. Return this form and any additional attachments to

> DO-IT *Scholar* Application
> Box 355670
> University of Washington
> Seattle, Washington 98195-5670

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 office
> *doit@u.washington.edu*

Applicant Information

Name:_____ Address:_____

Telephone:_____

High School Name:_____ Grade Level:_____

Date of Birth:____/_____/_____ Gender:_____ Ethnicity:_____

Expected Date of Graduation:____/_____/_____ Email:_____

Academic and Other Awards (if any):_____

⊕ ▬ Transition ▬▬▬▬▬▬▬▬▬

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

1. Please describe your interest in your two favorite academic courses (e.g., science, math, etc.) and explain why you have these interests.

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 personal assistants) do you use at school presently?

6. Describe your computer and Internet experiences (if any).

7. Does your disability require that you use special software or hardware in order for you to use a computer? If so, describe assistive technology you find most useful.

8. Please state in 100 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 who wrote them, etc.).

10. Additional comments (optional).

Signature:_____   Date:_____

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

This form is to be filled out and returned by a teacher or administrator. Please share pertinent information about the student and his or her disability. Attach additional pages as needed to address the items below. Return this form and any additional attachments to

> *DO-IT Scholar* Application
> Box 355670
> University of Washington
> Seattle, Washington 98195-5670
>
> If you have questions about the *Scholars* program or this form, please contact DO-IT at
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> *doit@u.washington.edu*

Student Applicant's Name:_____

High School & District Names:_____

School Address:_____

Grade Level, Current Academic Year:_____

Student's Cumulative High School GPA_____, for Grades _____ Through _____

Does this student have a disability that is recognized by the school/district? _____

If so, what is the nature of the disability, and how does it affect him or her academically?

Please comment on this student's academic interests.

Please comment on this student's potential to complete a college program.

⊕ ▬ **Transition** ▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬

Please comment on how this student works in group learning environments.

Please comment on this student's computer skills.

Please comment on why you think this student is a good candidate for this program as described in the *DO-IT Scholars* brochure.

Additional comments (optional):

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

Position/Title: _____

Signature: _____ Date: _____

Address: _____

Telephone: _____ Email: _____

Endorsement by School Principal: _____

Parent/Guardian
Recommendation and Consent
DO-IT Scholars Program

This form is to be filled out and returned by the parent or guardian of the applicant. Attach additional pages as needed to address the items below. Return this form and any additional attachments to

>*DO-IT Scholar* Application
>Box 355670
>University of Washington
>Seattle, Washington 98195-5670

If you have questions about the *DO-IT 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 office

Student Applicant's Name (please print):_____

Please comment on the interest that the applicant has shown in attending a college or university after high school graduation.

In what areas has the applicant shown academic or career interests?

Why is the applicant a good candidate for this program?

Provide additional comments or information regarding the applicant that would be useful to DO-IT program staff.

If you have a computer at home, please indicate:

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.)

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 _____

Name of parent/legal guardian (please print): _____

Address: _____

Telephone:_____ Email: _____

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

Signature: _____ Date:_____

Transcript Request Form for *DO-IT Scholar* Applicant

DO-IT Scholar Applicant: This form is an optional tool for you to request that transcripts from your school be sent to the DO-IT Center as part of your *Scholar* application. It can be filled out by you and a parent/legal guardian and submitted to your school. Note:

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

Transcript Request Form

Name of Student: _____

Home Address: _____

Telephone: _____

Birth Date: _____

Grade in School: _____

Social Security Number: _____ - _____ - _____

Name of School: _____

I request that official grade reports/transcripts for the past two years be sent to DO-IT (Disabilities, Opportunities, Internetworking, and Technology) at

> *DO-IT Scholar* Application
> Box 355670
> University of Washington
> Seattle, Washington 98195-5670
> 206-221-4171 (fax)

I give permission for this information to be sent to the DO-IT center.

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Name of Parent/Guardian (print): _____

For information about DO-IT, call 206-685-DOIT (3648) (voice/TTY), send email to *doit@u.washington.edu*, or consult *http://www.washington.edu/doit/*.

[Note: For the most current version of the *DO-IT Scholar* application packet consult *http://www.washington.edu/doit/Brochures/Programs/application.html*.]