Appendix A: Program Application

**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:____________________

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 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
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

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.
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: __________________________________________

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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: ______________________________

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Appendices

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.**

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**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.]