



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 _____ 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)

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 Application
Box 355670
University of Washington
Seattle, Washington 98195-5670

If you have questions about the _____ 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

Name: _____ Address: _____

Telephone: _____

High School Name: _____ Grade Level: _____

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

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

Academic and Other Awards (if any): _____



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 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 _____ program offerings are contingent upon receipt of continued funding. All _____ 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.



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

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University of Washington

Seattle, Washington 98195-5670

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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.



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

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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?



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 application. It can be filled out by you and a parent/legal guardian and submitted to your school. Note:

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
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 _____, or consult _____.

[Note: For the most current version of the _____ application packet consult _____.]