



DO-IT Scholars Program Student Application

DO-IT Scholar applicants must live in or attend school in Washington State, have a disability, and be enrolled in their sophomore or junior year at high school.

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

- Student Application
- Parent/Guardian Recommendation and Consent
- High School Teacher, Administrator, or Counselor Recommendation
- Copy of Student's Current High School Grade Report/Transcript
- Completed Grade Report/Transcript for *DO-IT Scholar* Applicant Form

Instructions: The student applicant must complete the form below and respond to the ten items that follow. The application materials may be submitted in your native language and in audio or video format. Attach additional pages as needed to address the items below. Return your complete DO-IT Scholar application packet via mail to DO-IT Scholars Application, DO-IT Center, University of Washington, Box 354842, Seattle, Washington 98195-4842, fax at 206-221-4171, email to doit@uw.edu, or online at doit.uw.edu/programs/do-it-scholars/applying.

Deadline: January 30th. Applications for the upcoming summer are accepted throughout the school year; however, priority is given to applications received by January 30th. Applications received after January 30th will be considered on a space available basis.

Applicant name _____ Pronouns _____

Address _____ Zip code _____

Telephone _____ Email _____

Date of birth _____ Gender _____

Ethnicity (select one): Hispanic or Latino Not Hispanic or Latino

Race (select one or more): American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or Pacific Islander White

High school name _____

Grade level _____ Expected date of graduation _____

Academic and other awards (if any) _____

Parent/Guardian name _____

Parent/Guardian telephone _____ Email _____

Signature _____ Date _____
(more on back page)



Respond to items 1-10 on a separate piece of paper (or in audio or video format, if your disability affects your ability to respond in printed form).

1. Describe your two favorite academic areas and why they interest you.
2. Thinking beyond high school, describe your education 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 going to college.
4. Describe the nature of your disability and how it affects your learning or school participation and what accommodations you use.
5. Describe the accommodations, support systems, and tools you use to support your disability at school and at home.
6. Describe your computer and Internet experiences.
7. Describe what computers, software and assistive technology do you use, and what do you find most helpful.
8. 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 to complete this form, please describe fully the type of assistance you received.
10. Please share how you heard about the DO-IT Scholars program.

About the DO-IT Scholars Program

The DO-IT Scholars program prepares youth with disabilities for their transition to college—which includes exploring careers, independence, self-advocacy, and leadership. DO-IT Scholars attend a multi-day Summer Study online and on the University of Washington Seattle campus, returning the following two summers to complete research and leadership training.

- **Summer Study**—Phase 1 DO-IT Scholars attend a two-week Summer Study—one week online and one week living on the University of Washington Seattle—campus returning the following two summers, as Phase 2 Scholars and Interns, for further college and career preparation and an internship.
- **Internetworking, Mentoring, and Peer Support**—DO-IT Scholars learn to use computers, software and if necessary, assistive technology, to enrich their education and to explore academic and career interests. They communicate online with mentors, DO-IT staff, and other DO-IT participants. DO-IT Scholars who do not have the necessary technology are loaned equipment and software while they participate in program activities. This may include a computer, printer, software, assistive technology, and Internet service.
- **Work-Based Learning**—DO-IT Scholars can apply to be a Summer Study leader and a participant in other work-based learning opportunities.

If you have questions about the DO-IT Scholars program or this form, please contact DO-IT at 888-972-DOIT (3648) (toll free voice/TTY) or doit@uw.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 reaffirms its policy of equal opportunity regardless of race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, or status as a veteran in accordance with University policy and applicable federal and state statutes and regulations.



Parent/Guardian Recommendation and Consent DO-IT Scholars Program

Instructions: A parent or guardian must complete the form below and answer the six items that follow. The application materials may be submitted in your native language and in audio or video format. Attach additional pages as needed to address the items below.

Return this form and attachments to the student applicant or to the DO-IT Center via

Online: doit.uw.edu/programs/do-it-scholars/applying

FAX: 206-221-4171

Mail: DO-IT Scholars Application, DO-IT Center, University of Washington,
Box 354842, Seattle, Washington 98195-4842

Email: doit@uw.edu

Deadline: January 30th. Applications for the upcoming summer are accepted throughout the school year; however, priority is given to applications received by January 30th. Applications received after January 30th will be considered on a space available basis.

Student applicant's name (please print) _____

Name of parent/legal guardian (please print) _____

Address _____ Zip code _____

Telephone _____

Email _____

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

Address _____ Zip code _____

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 their disability and academic record to DO-IT. I understand that, if accepted, my child must attend Summer Study (usually held the last two weeks of July).

Signature _____ Date _____

(more on back page)



Respond to the items below on a separate piece of paper (or in audio or video format, if needed). You must respond to each question.

1. Please comment on the interest the applicant has shown in attending a college after high school graduation.
2. Describe the applicant's academic and/or career interests.
3. Explain why you consider the applicant a good candidate for the DO-IT Scholars program. (uw.edu/doit/programs/do-it-scholars)
4. Provide additional information regarding the applicant that would be useful to the DO-IT selection board.
5. Describe computers, software, and assistive technology the applicant is using at home or school. This may include the following:
 - Platform (e.g., Chromebook, PC, or Mac)
 - Assistive technology (e.g., Read&Write or other text-to-speech software, Dragon, ZoomText)
 - Other technology (e.g., Kindle, iPad, FM System)
6. In addition to the technology provided by their school, describe what the applicant has access to at home.
7. Please share how you heard about the DO-IT Scholars program.

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

Instructions: A teacher, counselor, or administrator must complete the form below and respond to the ten items that follow. Attach additional pages as needed to address the items below. Applicants may request recommendations from one or more of these individuals.

Return this form and attachments to the student applicant or to the DO-IT Center via

Online: doit.uw.edu/programs/do-it-scholars/applying

FAX: 206-221-4171

Mail: DO-IT Scholars Application, DO-IT Center, University of Washington,
Box 354842, Seattle, Washington 98195-4842

Email: doit@uw.edu

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Name of person recommending applicant (please print) _____

Position/Title _____

Signature _____ Date _____

Telephone _____ Email _____

Student applicant's name _____

High school name _____ District _____

School address _____ Zip code _____

School fax number _____

Applicant's grade level, current academic year _____

Applicant's disability _____

Percentage of the applicant's time spent in Specially Designed Instruction (SDI)? _____

Indicate academic area of SDI _____

How much time do you spend with the student per week? _____

How did you hear about the DO-IT Scholars program? _____

(more on back page)



Respond to items 1-10 on a separate piece of paper (or in audio or video format, if needed). You must respond to each question. Your honest and thorough assessment of this applicant is helpful.

1. What is the nature of the student's disability and how does it affect them academically?
2. What types of accommodations and supports does this student use at school presently?
3. What academic and social support are they receiving to promote their success as they transition toward college?
4. How have they grown in their academic achievement since coming to high school?
5. Please comment on this student's academic interests.
6. Please comment on this student's potential to complete a college program.
7. Please comment on how this student works in group learning environments.
8. Please comment on this student's computer skills.
9. Please comment on why you think this student is a good candidate for the DO-IT Scholars program. How would they benefit from this program as described in the DO-IT Scholar brochure (doit.uw.edu/programs/do-it-scholars)?
10. Additional comments (optional).

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Grade Report/Transcript Request DO-IT Scholars Program

Please submit your current high school grade report or transcript with your application to

FAX: 206-221-4171

Mail: DO-IT Scholars Application, DO-IT Center, University of Washington,
Box 354842, Seattle, Washington 98195-4842

Email: *doit@uw.edu*

and

Please also complete and submit the form below with your application to the DO-IT Center. This form is a tool for DO-IT to request grade reports directly from your school that may be issued after your application is submitted.

Student's name _____

Home address _____ Zip code _____

Phone _____

Name of school _____

Grade level in school _____

I request and give permission for high school grade reports/transcripts for the past two years be faxed to DO-IT (Disabilities, Opportunities, Internetworking, and Technology) at 206-221-4171 (FAX).

Student signature _____ Date _____

Parent/guardian signature _____ Date _____

Parent/guardian name (print) _____

Please fax grade reports/transcripts to 206-221-4171 (FAX).

For information, call 206-685-DOIT (3648) (voice/TTY) or email *doit@uw.edu*.