

2007 Scholarship Opportunities:

Without the generous support of individuals and corporations, these initiatives would not be possible.

Navigating Your Child's Future



\$250 will allow one family to participate in a one day workshop. Students and parents visit colleges in New York and Washington, DC. All lodging, transportation, meals and resources are provided for a nominal fee of \$50.

Making A difference with Your future



\$1,500 will allow 1 deaf student and their parent/guardian to participate in a 3 days transition workshop. They will have access to career guidance, job path planning, post high school options and higher education advice.

On the Road to Your Future



\$1,000 will allow one family to participate in a 4 day Bus Trip. Families receive meals, resources, access to professionals and networking opportunities for a nominal fee of \$10.

Experiencing Your Future

\$500 will help support one coop student for a 10 week period offsetting their living expenses. "Experiencing Your Future" is designed to place deaf and hard of hearing college students from the National Technical Institute for the Deaf in Rochester, NY, into meaningful 10 week cooperative work experiences in Central Ohio.

Please complete this form and mail or fax to:

Deaf Initiatives, Inc.

563 S. Dawson Avenue / Columbus, OH 43209

(614) 238-3323 V/TTY (614) 238-3322 Fax

www.deafinitiatives.org

I hereby pledge to sponsor:

___ (# of families) for **Navigating Your Child's Future**
at \$250 each = \$ _____

___ (# of students) for **Making a Difference with your Future**
at \$1,500 each = \$ _____

___ (# of families) for **On Road to Your Future**
at \$1,000 each = \$ _____

___ (# of students) for **Experiencing Your Future**
at \$500 each = \$ _____

Or, I prefer to contribute \$100 ___ \$50 ___ \$25 ___ other ___

___ Enclosed is my check made payable to Deaf Initiatives, Inc.

___ Please bill me for the full amount

___ Please charge the amount above to my credit card: ___ Visa ___ MasterCard

Account Number _____ Expiration Date _____

Name on card (please print) _____

Ph: number () _____ Address _____

Signature _____ Date _____

Deaf Initiatives, Inc is a 501(c) (3) nonprofit organization and all donations are tax deductible.