



TTU Box 5123, Cookeville, TN 38505
Office: (931) 372-6561 Fax: (931) 372-6562

TUITION ASSISTANCE PACKET

Use this form to ensure you have all the necessary documents ready to apply for Tuition Assistance. Refer to the Tuition Assistance Packet for specific information about required documentation.

Student Name: _____

V#, A#, R#, T#: _____

✓	FORM/ITEM	NOTES
	1. Application for Academic Financial Support	<ul style="list-style-type: none">• Complete and submit one form for each class you're registered for.• Please leave no blanks and proofread for accuracy.
	2. Student Information Form	<ul style="list-style-type: none">• Please complete thoroughly.• Proofread for accuracy.
	3. Request to Share Information (Transcript Request)	<ul style="list-style-type: none">• This form allows the school to share grades, fee payment information, etc. . . as needed by TECTA to provide tuition assistance.
	4. Transcripts	<ul style="list-style-type: none">• TTU Students ONLY – Transcript from previous semester.
	5. Student Detailed Schedule	<ul style="list-style-type: none">• Contact the TECTA office if you are not sure which courses to register for this semester.
	6. Account Detail (Statement and Fees)	<ul style="list-style-type: none">• Optional: You may pay your student portion online at this time.

ALL STUDENTS

Fax or email (recommended) by the deadline. NOTE: Watch for a confirmation by email stating we have received your documentation. It is your responsibility to contact the TECTA office if you do not receive confirmation with two (2) business days of submitting.

Fax: 931-372-6562

Email: tecta@tntech.edu

This project is funded by the Center of Excellence for Learning Science at Tennessee State University through a contract with the Tennessee Department of Human Services.



TECTA Student Information Form

Center of Excellence for Learning Sciences ♦ Tennessee State University

TECTA Orientation Location or Institution Attending _____

Social Security Number _____ - _____ - _____

Name _____
Last First Middle

Employment Status

Your Place of Employment _____

Ages of children in classroom (choose one)

- ☐ Birth to 8 months ☐ 9 to 17 months ☐ 18 to 36 months ☐ 3 to 5 year olds ☐ School-Age
☐ Family Childcare
☐ Mixed-age Group: Infants ☐ Mixed-age Group: Infants and Preschool ☐ Not a Direct Care Provider

TECTA Support Received for: Semester _____ Year _____

Salary: Please note: this question is for research purposes ONLY. Individual responses will not be identified or published. \$ _____ per Hour

- Current Position Title: ☐ Asst. Director ☐ Asst. Director/Teacher ☐ Caregiver/Teacher
☐ DHS Staff ☐ Director ☐ Director/Teacher ☐ Home Visitor
☐ Home Visitor Supervisor ☐ Other ☐ Owner of Program ☐ Sub/Floater
☐ Teacher Aide ☐ Authorized ☐ Volunteer

Number of years in current position _____ Number of years in Early Childhood Field _____

Number of years at current place of employment _____ Hours worked per week _____

Do you have children with diagnosed delays or disabilities in your classroom? ☐ Yes ☐ No

Number of children in your classroom _____

Please complete the reverse side if you are a first-time TECTA-supported student.



TECTA Application for Academic Financial Support

Center of Excellence for Learning Sciences • Tennessee State University

Course Information

College/University _____ Semester _____ Year _____ Textbook Only _____
Course Name _____ Subject _____ Course Number _____ Section _____

Personal Information

Name: Last _____ First _____ Middle _____ Social _____

Security Number _____ - _____ - _____ Gender: Male Female

Citizenship: United States Other

E-mail _____

Date of Birth ____/____/____

Ethnicity: Hispanic Non-Hispanic

Race: Asian Pacific Islander Black

Native American Indian/Alaska Native

Other

Two or more races White

Home Address _____

City _____ State _____ Zip _____

Home County _____ Home Phone (____) _____ Mobile Phone (____) _____

Emergency Contact Person _____ Phone (____) _____

Academic degree program this semester: CDA Prep CDA Renewal Technical Certificate

Administrator Credential Associate Degree Bachelors Degree Graduate Degree

Desired Major: Early Childhood Education Elementary Education Pre-K Other _____

Graduation Status: I will graduate this semester: Yes No

Employment Information

Your Place of Employment _____ County of Employment _____

Work Address _____

City _____ State _____ Zip _____

Name of Director: Last _____ First _____

Phone (____) _____ Fax (____) _____ Director's E-mail _____

Agency Type

Center	Dept. of Education	Home Visitor	Family Group Home
High School	Higher Education	Registered	Authorized

Eligibility

I understand that I am enrolling in an academic course and will be responsible for completing the class. Failure to complete all information on this form will result in my application not being processed. If for any reason I cannot finish the course, I will submit notice to the TECTA office in writing immediately, return textbook(s), and agree to pay the entire tuition fee for re-enrollment in a TECTA class.

In order to qualify for continued TECTA support, each student must provide a transcript showing that they completed and passed the previous course(s) for which they received financial support from the TECTA program. By signing below, I give permission to the institution to release my academic progress and records to representatives from the Tennessee Early Childhood Training Alliance.

Signature _____ Date _____



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Revised 4/2020



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Course Information

College/University _____ Semester _____ Year _____ Textbook Only _____
Course Name _____ Subject _____ Course Number _____ Section _____

Personal Information

Name: Last _____ First _____ Middle _____ Social Security Number _____ - _____ - _____ Gender: Male Female

Citizenship: United States Other _____

E-mail _____

Date of Birth ____/____/____

Ethnicity: Hispanic

Non-Hispanic

Race: Asian Pacific Islander Black

Native American Indian/Alaska Native

Other

Two or more races

White

Home Address _____

City _____ State _____ Zip _____

Home County _____ Home Phone (____) _____ Mobile Phone (____) _____

Emergency Contact Person _____ Phone (____) _____

Academic degree program this semester: CDA Prep CDA Renewal Technical Certificate

Administrator Credential Associate Degree Bachelors Degree Graduate Degree

Desired Major: Early Childhood Education Elementary Education Pre-K Other _____

Graduation Status: I will graduate this semester: Yes No

Employment Information

Your Place of Employment _____ County of Employment _____

Work Address _____

City _____ State _____ Zip _____

Name of Director: Last _____ First _____

Phone (____) _____ Fax (____) _____ Director's E-mail _____

Agency Type

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TRANSCRIPT REQUEST

Student's Name _____ SSN _____

Student's Maiden Name _____

Last Date of Attendance at _____

Institution Name

Semester/ Year

Current Address _____

Student's Signature _____

Please send an official transcript to:

Darcey Neyman, TTU-TECTA, Box 5123, Cookeville, TN 38505

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Student Detailed Schedule

ALL STUDENTS

1. Log in to your student account using your Username and Password.
2. Choose the "Student" Tab.
3. Choose "Student Detail Schedule".
4. Right click and Choose "Print".
5. Add printed Account Detail to your Tuition Assistance Packet.

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ACCOUNT DETAIL (STATEMENT OF FEES)

ALL STUDENTS

1. Log in to your student account using your username and password.
2. Choose the "Student" Tab.
3. Choose "Student Account".
4. Choose "Account Detail" for Term/Confirm Enrollment/Credit Card Payment.
5. Select the Current Term.
6. **OPTIONAL: If you wish to pay the student portion of your tuition now you may do so.
If not, go to the next step.
7. Right Click and Choose "Print".
8. Add printed Account Detail to your Tuition Assistance Packet.

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