



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

### 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@tnitech.edu](mailto:tecta@tnitech.edu)



# 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 \_\_\_\_\_



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

Revised 4/2020



# 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:	<input type="checkbox"/> Asst. Director	<input type="checkbox"/> Asst. Director/Teacher	<input type="checkbox"/> Caregiver/Teacher
<input type="checkbox"/> DHS Staff	<input type="checkbox"/> Director	<input type="checkbox"/> Director/Teacher	<input type="checkbox"/> Home Visitor
<input type="checkbox"/> Home Visitor Supervisor	<input type="checkbox"/> Other	<input type="checkbox"/> Owner of Program	<input type="checkbox"/> Sub/Floater
<input type="checkbox"/> Teacher Aide	<input type="checkbox"/> Authorized	<input type="checkbox"/> 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.**

**Complete this side if this is the first time you are receiving TECTA services.**

**Please check the professional organization(s) to which you belong:**

- |   |  |
|---|--|
| <input type="checkbox"/> Head Start Association                     | <input type="checkbox"/> National Association for the Education of Young Children  |
| <input type="checkbox"/> National Black Child Development Institute | <input type="checkbox"/> National Child Care Association                           |
| <input type="checkbox"/> National Family Child Care Association     | <input type="checkbox"/> Tennessee Association for the Education of Young Children |
| <input type="checkbox"/> Tennessee Family Child Care Alliance       | <input type="checkbox"/> Tennessee School-Age Care Alliance                        |

**Highest education level completed before seeking TECTA support**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Less than 9th grade | <input type="checkbox"/> 9th – 12th grade (no diploma)  | <input type="checkbox"/> High School Graduate/GED     |
| <input type="checkbox"/> Some College        | <input type="checkbox"/> Technical Certificate          | <input type="checkbox"/> Associate of Applied Science |
| <input type="checkbox"/> Associate Degree    | <input type="checkbox"/> Bachelors/Baccalaureate Degree | <input type="checkbox"/> Masters/Doctorate Degree     |

College or University of Highest Degree \_\_\_\_\_

Major: ☐ Early Childhood Education ☐ Elementary Education ☐ Special Education ☐ Other

\_\_\_\_\_ Graduation Date of Highest Degree \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parents' Educational Levels**

**Mother**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Less than 9th grade | <input type="checkbox"/> 9th – 12th grade (no diploma)  | <input type="checkbox"/> High School Graduate/GED     |
| <input type="checkbox"/> Some College        | <input type="checkbox"/> Technical Certificate          | <input type="checkbox"/> Associate of Applied Science |
| <input type="checkbox"/> Associate Degree    | <input type="checkbox"/> Bachelors/Baccalaureate Degree | <input type="checkbox"/> Masters/Doctorate Degree     |

**Father**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Less than 9th grade | <input type="checkbox"/> 9th – 12th grade (no diploma)  | <input type="checkbox"/> High School Graduate/GED     |
| <input type="checkbox"/> Some College        | <input type="checkbox"/> Technical Certificate          | <input type="checkbox"/> Associate of Applied Science |
| <input type="checkbox"/> Associate Degree    | <input type="checkbox"/> Bachelors/Baccalaureate Degree | <input type="checkbox"/> Masters/Doctorate Degree     |

**Professional Objectives**

Why do you want to participate in TECTA training? (Check all that apply):

- ☐ Further my education   
 ☐ Help with my job search   
 ☐ Improve my job skills   
 ☐ Obtain a CDA  
☐ Obtain a raise/higher pay

Have you completed other early childhood training during the last 12 months? ☐ Yes ☐ No

Did your employer require the training? ☐ Yes ☐ No

Do you plan to continue working in child care? ☐ Yes ☐ No

If no, please tell us why \_\_\_\_\_

**NOTICE: If you have changed your name and/or address since you last enrolled in a TECTA-supported course, please fill out a TECTA Student Change of Information Form and return it as soon as possible to your local TECTA site.**



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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. **\*\*OPITIONAL:** If you wish to pa 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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