



TTU Box 5123 Cookeville, TN 38506
Office: (931) 372-6561 Fax: (931) 372-6562

TnTech TECTA 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: _____ Student ID Number (T#): _____

✓	FORM/ITEM	NOTES
	1. Student Information Form	❖ Please complete thoroughly. ❖ Proofread for accuracy.
	2. Application for Academic Financial Support	❖ Complete and submit one form for each class you're registered for the semester.
	3. Student Detailed Schedule (Directions in Packet).	❖ Contact your TTU Advisor if you are not sure which courses to register for this semester.
	4. Account Detail (Statement and Fees/Direction in Packet).	❖ Remember to pay for your portion of your tuition fees to avoid late fees and being dropped from your course(s).
	5. Transcript Request Form	❖ This form allows the school to share grades, as needed by TECTA to provide tuition assistance. In addition, we need a copy of your driver's license.

ALL STUDENTS

Fax or email (recommended) by the deadline. NOTE: Watch for confirmation by email stating we have received your documentation. It is your responsibility to contact the TECTA office if you do not receive confirmation within two business days. If this occurs please contact our office at 931-372-6561. **Please send your Tuition Assistance Packet to:**

Shellie Willis

TTU Campus

Oakley Hall, Office 227

swillis@tnitech.edu

931-372-6561

FOR OFFICE USE ONLY

✓	Registration Checklist	Notes
	❖ Updated Information in TECTA Database.	
	❖ Recorded in TEAMS	
	❖ Student Program of Study	
	❖ Payment Information	

Additional Notes:



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)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Birth to 8 months | <input type="checkbox"/> 9 to 17 months | <input type="checkbox"/> 18 to 36 months | <input type="checkbox"/> 3 to 5 year olds |
| <input type="checkbox"/> School-Age | <input type="checkbox"/> Family Childcare | | |
| <input type="checkbox"/> Mixed-age Group: Infants | <input type="checkbox"/> Mixed-age Group: Infants and Preschool | <input type="checkbox"/> 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.



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Center of Excellence for Learning Sciences.

Revised 4/2017



TECTA Application for Academic Financial Support

Center of Excellence for Learning Sciences ♦ Tennessee State University

Tennessee Technological University
242 E. 10th Street Foundation Hall, Rm 114
Cookeville, TN 38505

Phone : (931) 372-6561

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 where you Work _____

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 ☐ Unregulated

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 2/2017



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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

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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

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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.



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. Right click and choose "Print".
7. Add printed "Account Detail" to your Tuition Assistance Packet.

Student Name _____

Student's Maiden Name _____

Social Security Number _____

Current Address _____
Street Address

City, State, Zip Code

Last Date of Attendance at (Check the box):

☐ Motlow State Community College _____

☐ Roane State Community College _____

☐ Volunteer State Community College _____

☐ Tennessee Tech University _____

Last Semester Attended (Semester/Year): _____

Student Signature _____

Please send an official transcript to:

**Darcey Emerson
TTU-TECTA
Box 5123
Cookeville, TN 38505**



STUDENT PORTION OF TUITION

ALL STUDENTS

- ❖ Someone from our TECTA office will be in contact with you about when and how to make your payment this semester. You will also be given a “pay by” date at this time. You will pay your fees directly to the college you attend (online, phone, or in-person).
- ❖ If you don’t hear from anyone two weeks before classes start please call 931-372-6561. If you do not pay your portion by the due date, you could be dropped from your course(s) or the college will add late fees to your account.