

# 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 \_\_\_\_\_