

TECTA Tuition Assistance Check List For students pursuing a Bachelor Degree

Please review the list below. All materials MUST be attached to your application for your application to be complete. Incomplete applications cannot be processed.

- ☐ **Completed Applications for Academic Financial Support (1 for each course)**
- ☐ **Student Information Form**
- ☐ **Student Request to Share Information**
- ☐ **Copy of your Fall 2019 course schedule**
- ☐ **Printout showing current major/program of study**
- ☐ **Copy of check stub as proof of employment in a licensed early childhood program**
- ☐ **Grades for the last semester you attended classes**

Copy of your tuition bill showing the amount you owe after financial aid is applied.

Tuition Payment Information:

- It takes at least a week to process scholarship applications and award the tuition assistance vouchers.
- Incomplete applications cannot be processed. Please include ALL the items on the checklist above.
- To ensure that TECTA has time to process your paperwork and create a voucher your application is due:
by 3:30 pm on August 12, 2019.
- Students are not eligible to receive a refund from federal financial aid and TECTA. If you receive federal financial aid your TECTA award amount may be adjusted.

As always, we strongly recommend that all students apply for federal financial aid or other scholarships. You can apply for federal financial aid online at www.fafsa.gov. You can obtain more information about financial aid and other scholarships available at Southwest online at www.southwest.tn.edu/financial_aid.

This checklist and all needed documents may be faxed to 333-5750 or brought to the TECTA office.

Student Signature

TECTA Application for Academic Financial Support

Center of Excellence for Learning Sciences ♦ Tennessee State University

Southwest Tennessee Community College
 P O Box 780
 Memphis, TN 38101

Phone : (901) 333-5541

Course Information

College/University _____ Semester Fall _____ Year 2019 _____ 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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Signature _____ Date _____

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 _Fall_____ Year _2019_____

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.

TECTA Student Information Form

Center of Excellence for Learning Sciences ♦ Tennessee State University

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.

Student Request to Share Information

Office of Admission and Records

The University of Memphis

Name of institution where student is enrolled

Student's Name

(Please Print)

Last

First

Middle Initial

SS# _____

Address:

Street

City

State

Zip Code

Phone: () _____

Semester: _____ Year: _____

I know that the Family Educational Rights and Privacy Act of 1974, as amended (FERPA), protects the privacy of my student educational records and limits access to the information contained in those records. Because I receive financial support covering all or part of my tuition from the Southwest-TECTA program, I am hereby authorizing The University of Memphis Office of Admission and Records to release my grades and academic status information to the local TECTA Site Director for transmission to the TSU-TECTA Management Office. The information will be used to determine and verify my eligibility for continued TECTA financial support and will be protected in accordance with the provisions FERPA. My grade and academic status information should be sent to:

Name: Elizabeth O. Wilson , Southwest -TECTA Director

Address: Southwest Tennessee Community College

P.O. Box 780

Memphis, TN 38101-0780

(901) 333-5541

Student's Signature

Date