



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 _____

