

TUITION ASSISTANCE (Voucher) PACKET



Use this checklist 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

Student's Name: _____

School: Nashville State Community College

A#: _____

✓	FORM/ITEM	NOTES
	1. Application for Academic Financial Support	<ul style="list-style-type: none"> Complete and submit one form for each class you're registered for. Please leave no blanks and proofread for accuracy
	2. Student Information Form	<ul style="list-style-type: none"> Please complete thoroughly Proofread for accuracy
	3. FERPA Form	<ul style="list-style-type: none"> This form allows the school to share grades, fee payment information, etc... as needed by TECTA to provide tuition assistance. Follow instructions for completing online and printing for voucher packet.
	4. Orientation Certificate OR Transcripts	<ul style="list-style-type: none"> NEW CDA Students – Certificate Continuing Students - Transcripts
	5. Proof of Employment	<ul style="list-style-type: none"> See notes regarding appropriate documentation
	6. Student Portion of Tuition	<ul style="list-style-type: none"> Pay online via MyNSCC & Print Receipt.
	7. Student Detailed Schedule	<ul style="list-style-type: none"> Contact the TECTA office if you aren't sure which courses to register for.
	8. Account Detail (Statement of Fees)	<ul style="list-style-type: none"> Optional: You may pay your student portion online at this time

Please complete your packet in advance and bring all documents to our office during our voucher days.

We are located in the Sexton Building (437 N 8th St.) of the Austin Peay Campus

Questions? Contact us by phone : 931-221-7585 or email: tecta@apsu.edu

This box for internal use only.



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 _____





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

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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)

- 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.



FERPA Form Information:

1. Go to: www.nsc.edu
2. Click on "Current Students"
3. Then select "Records Office"
4. Click on "Records Forms and Instructions" on the right-hand side of the screen
5. Scroll down until you see "FERPA Waiver – Request to Share Information Form" and click on the link
6. You will need to log in with your A# & password and follow the instructions you find on the screen
7. 

See below for a look at what the completed form should look like:

FERPA/Student Consent for Access to Records

Student First Name: Student Last Name: Student ID:

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.

I have indicated below the individual(s) who may have information from my educational records. *Note: When they call, come in, or email, they must identify that you have a release form, disclose your name and A number and provide the 4 digit PIN you selected for them.

1. First Name:	<input type="text" value="Noelle"/>	Last Name:	<input type="text" value="Cannon"/>	
Relationship to Student:	<input type="text" value="TECTA Advisor"/>	PIN number:	<input type="text" value="7585"/>	<input checked="" type="checkbox"/> Add Another Person
2. First Name:	<input type="text"/>	Last Name:	<input type="text"/>	
Relationship to Student:	<input type="text" value="TECTA Advisor"/>	PIN number:	<input type="text" value="7585"/>	<input type="checkbox"/> Add Another Person

Purpose of Release (check any that apply): Family communications Student schedule that conflicts with office hours Other

Please specify "Other":

If they ask, I approve the above named individual(s) to be informed about:

<input type="checkbox"/> Yes	My Grades
<input type="checkbox"/> Yes	My Major
<input type="checkbox"/> Yes	My Enrollment
<input type="checkbox"/> Yes	My Academic Standing
<input type="checkbox"/> Yes	My Graduation Status
<input type="checkbox"/> Yes	Awards
<input type="checkbox"/> Yes	Eligibility
<input type="checkbox"/> Yes	Satisfactory Academic Progress (SAP) Standing

My grades - exact grades are not provided via phone or email.

Awards - exact award amounts are not given via phone or email.

Duration of release:

I understand that (1) I have the right not to consent to the release of my records, and (2) I have the right to revoke this consent at any time by delivering a written revocation.

Student Signature _____ Date _____

<-- add APSU TECTA staff of choice.

ORIENTATION CERTIFICATE OR TRANSCRIPTS

NEW STUDENTS

1. Make a copy of your TECTA Orientation Certificate
2. *Add this copy to your Tuition Assistance Packet*
3. Store your original certificate in a safe place where you can always find it

RETURNING STUDENTS

1. Log in to your student account (myNSCC) using your A# and PIN
2. Choose the "Student" Tab
3. Select "Student Records"
4. Select "Academic Transcript"
5. Click "Submit"
6. Right click and choose "Print"
7. *Add printed Transcripts to your Tuition Assistance Packet*

PROOF OF EMPLOYMENT
In Licensed Child Care Program
In Tennessee

All Students

1. Obtain one of the following as proof of employment:
 - Most Recent Pay Stub
 - Letter from Employer – Written on Letterhead and Dated within the last 2 weeks
 - Copy of License (Owners only)
2. Make a copy
3. *Add printed copy to your Tuition Assistance Packet*

Student Tuition Portion

All Students

Students must submit student portion of payment with their voucher packet. If you are unsure of the amount, please contact the TECTA office.

- Fees should be paid directly to your school and receipt is added to the voucher packet.
- Fees can be paid online through myNSCC or in person through the Bursar's office at the Clarksville Campus.
- If student payment is reflected in the statement of fees, this is sufficient and a receipt is not required.

Student Portion: \$50 per class

STUDENT DETAILED SCHEDULE

ALL STUDENTS

1. Log in to your student account (myNSCC) using your A# and PIN
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 (myNSCC) using your A# and PIN
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. Check to be sure all expected scholarship and financial aid awards have been applied to your account
7. Right Click and Choose "Print"
8. *Add printed Account Detail to your Tuition Assistance Packet*