Tennessee Early Childhood Training Alliance (TECTA)

Chattanooga State Community College
7158 Lee Highway
Chattanooga, TN 37421
Phone : (423) 697-2696

Application for Academic Financial Support

❑Textbook only

Course Name _____ **Subject** _____ **Course Number** _____ **Section** _____

Semester: _____ Year_____ College/University _____

Social Security Number _____-_____-_____ DOB ____/_____/_____

Name: Last_____ First _____ Middle _____

Gender: ☐*Male* ☐*Female* **Citizenship:** ☐*United States* ☐*Other* **Ethnicity:** ☐*Hispanic* ☐**Non -***Hispanic*

Race: ☐*White* ☐*Black* ☐*American Indian/Alaska Native* ☐*Hispanic* ☐*Asian Pacific Island* ☐*Other* ☐ *Two or more races*

E-mail _____
Address_____**City** _____ **State** _____ **Zip**_____

Home County _____**Home Phone** (_____) _____ **Fax** (_____) _____

Emergency Contact Person_____ **Phone** (_____) _____

Place of Employment_____ **Work County**_____

Work Address_____**City** _____**State**_____ **Zip**_____

Name of Director: Last_____ **First**_____

Phone (_____) _____ **Fax** (_____) _____ **E-mail** _____

Academic degree program this semester: Choose One

❑CDA Prep ❑CDA Renewal ❑Technical Certificate ❑ Administrator Credential
❑Associate Degree ❑Bachelor Degree ❑Graduate/Prof. Degree

Desired Major ❑Early Childhood Education ❑Elementary Education PreK
❑Other_____

Graduation Information I will graduate this semester ❑ yes ❑ no

Eligibility

In order to qualify for continued TECTA support, the student must provide a transcript showing that he/she completed and passed the previous course(s) for which he/she received financial support from the TECTA program

NOTICE: If you have changed your name and/or address since you last enrolled in a TECTA-sponsored course, please fill out a Change of Name/Address form and return it as soon as possible to the local TECTA site.

I understand that I am enrolling in an academic course and will be responsible for completing the class. If for any reason I cannot finish the course, I will submit notice to the TECTA office in writing immediately, return textbook, and agree to pay the entire tuition fee for re-enrollment in a TECTA class. In addition, I grant TECTA permission to access my academic record.

Signature _____ Date _____

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