



Tennessee Early Childhood Training Alliance (TECTA)

Austin Peay State University TECTA
P.O. Box 4514
Clarksville, TN 37044
Phone: 931.221.7585
Fax: 931.221.6453

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 _____ DOB ____/____/____
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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