

# 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: Columbia State Community College

A#: \_\_\_\_\_

✓	FORM/ITEM	NOTES
	1. Application for Academic Financial Support	<ul style="list-style-type: none"> <li>Complete and submit <b>one form for each class</b> you're registered for.</li> <li>Please leave no blanks and proofread for accuracy</li> </ul>
	2. Student Information Form	<ul style="list-style-type: none"> <li>Please complete thoroughly</li> <li>Proofread for accuracy</li> </ul>
	3. FERPA Form	<ul style="list-style-type: none"> <li>This form allows the school to share grades, fee payment information, etc... with TECTA on an as-needed basis.</li> </ul>
	4. Orientation Certificate OR Transcripts	<ul style="list-style-type: none"> <li>NEW CDA Students – Certificate</li> <li>Continuing Students - Transcripts</li> </ul>
	5. Proof of Employment	<ul style="list-style-type: none"> <li>See notes regarding appropriate documentation</li> </ul>
	6. Student Detailed Schedule	<ul style="list-style-type: none"> <li>Contact the TECTA office if you aren't sure which courses to register for.</li> </ul>
	7. Account Detail (Statement of Fees)	<ul style="list-style-type: none"> <li>Optional: You may pay your student portion online at this time</li> </ul>
	8. Student Portion of Tuition	<ul style="list-style-type: none"> <li>The TECTA Office will notify you to pay student fees <b>after</b> packet has been processed and voucher has been applied (COSCC Only)</li> </ul>

**Please complete your packet and fax it to our office by the Voucher Days Deadline (varies by term)**

Our Fax # is 931-221-7585. *Please call to verify that fax was received.*

Questions? Contact us by phone : 931-221-7585 or email: [tecta@apsu.edu](mailto: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 \_\_\_\_\_





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Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Director's E-mail \_\_\_\_\_

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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:
- Asst. Director       Asst. Director/Teacher       Caregiver/Teacher
  - DHS Staff       Director       Director/Teacher       Home Visitor
  - Home Visitor Supervisor       Other       Owner of Program       Sub/Floater
  - Teacher Aide       Authorized       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.**



**Columbia State Community College**

**Family Educational Rights and Privacy Act (FERPA)**

**Student Release of Confidential Information Form**

This form allows students to authorize the release of confidential academic, financial aid, discipline, and student account information otherwise protected by the Family Educational Rights and Privacy Act (FERPA) to designated persons.

I (the student) do hereby authorize Columbia State Community College (CSCC) and/or its employees to release my confidential academic, financial aid, discipline and any student financial account information, including academic progress reports and grades when available, to the person(s) named in the following information. This release does not apply to other information (counseling and health) protected by FERPA.

**Authorization is valid as long as I am enrolled at CSCC or until cancelled in writing by me.** I understand I have the right to receive a copy of such records upon request. I acknowledge that I may revoke this “Student Release of Confidential Information” *in writing* at any time by presenting such authorization *in person* to the Records Office. I also acknowledge and agree that disclosure of records and /or information made prior to my written revocation shall not constitute a violation of my right to privacy under federal and state law. To cancel this release, the student must submit the *written* cancellation request *in person* and *must be prepared to present a valid photo ID* to the Records Office in the Jones Student Center, Room 112.

Student Name (Please Print)	Student ID Number:	Student’s Last 4 of SSN
	A	

Education records to be released (check all that apply):		
<input type="checkbox"/> Financial Aid/Attendance Records	<input type="checkbox"/> Final Grades	<input type="checkbox"/> Academic Standing
<input type="checkbox"/> Admissions Documents	<input type="checkbox"/> Conduct/Discipline	<input type="checkbox"/> Student Business Accounts
<input type="checkbox"/> Enrollment Status	<input type="checkbox"/> Early Alerts	<input type="checkbox"/> Graduation Status
<input type="checkbox"/> Grades & Transcript Information		
<input type="checkbox"/> All Records Listed Above		

**Name of person(s) (other than self) authorized to receive or Personal Identification Number request information. List Primary recipient first.**

**IMPORTANT: The following information must be completed to assist CSCC staff in identifying the non-student recipient of information when he/she calls to request information by telephone.**

Recipient’s Name	Relationship to Student	Last 4 of Recipient’s SSN

Student’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Campus Receiver (Print Name): \_\_\_\_\_ Date: \_\_\_\_\_

**For more information regarding CSCC’s FERPA policy, please visit <https://columbiastate.edu/policies-procedures/privacy.html>.**

Completed form may be submitted from the Columbia State student email only to [processing@columbiastate.edu](mailto:processing@columbiastate.edu) or in person at any campus location.

# 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 (myChargerNet) using your Username & Password.
2. Go to the CN SelfService menu and choose "View Transcript"
3. *Add printed Transcripts to your Tuition Assistance Packet*

# STUDENT DETAILED SCHEDULE

## ALL STUDENTS

1. Log in to your student account (myChargerNet) using your Username & Password.
2. Go to the Self Service Menu
3. View Student Scheule
4. Right Click and Choose "Print"
5. *Add printed Schedule 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*



## **ACCOUNT DETAIL (STATEMENT OF FEES)**

### **ALL STUDENTS**

1. Log in to your student account (myChargerNet) using your Login & Password
2. Choose the “Self Service” Tab
3. Choose “Confirm and Pay”
4. Select the semester – Account Detail for the term will be displayed
5. 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*

# Student Tuition Portion

## All Students

- TECTA Staff will contact you upon completion of voucher packet and let you know when to pay student fees. You will also be given a "pay by" date at this time.
- If fees are not paid by "pay by" date and you have not made arrangements with TECTA staff to extend the deadline, your voucher may be rescinded.
- You will pay your fees directly to Columbia State Community College in person or online through your student account.

**CDA Students:** \$50 per class

**All other students:** Please contact the TECTA office for the exact dollar amount that you owe.