Thank you for your interest in the TECTA Program! Please use the following checklist to determine if your scholarship packet is complete and ready to submit to the TECTA office for scholarship funding. **Missing or incomplete packets may prevent you from receiving TECTA financial assistance!**

- Complete college admissions application and pay application fee. ([www.roanestate.edu](http://www.roanestate.edu) – keyword: Admissions, or [www.pstcc.edu](http://www.pstcc.edu) – keyword: Admissions)
  
  *If you are seeking a CDA credential, register as a “Special Credit” student for “Personal Enrichment” under Major and Option codes.*

- Register for classes after application is processed. (approximately 1-2 weeks)

- Print detailed copy of class schedule from online student account.

- Gather necessary paperwork for TECTA scholarship application and eligibility verification:
  - TECTA Scholarship Packet (this includes Tuition Request form, Student Information form, Student Request to Share Information form)
  - Copy of college class schedule
  - Copy of TECTA Orientation certificate
  - Current/recent pay stub verifying employment in early childhood field

- Contact TECTA office for an appointment to submit forms and receive scholarship voucher.

- Submit scholarship voucher to college business office and pay student portion of fees according to the institutional due dates. *(Students are responsible for any late fees. **Failure to pay by appropriate due date could result in entire class schedule being dropped.**)*

- Begin classes according to the college’s academic calendar.

---

**IMPORTANT INFORMATION TO REMEMBER:**

If you make changes to your class schedule or withdraw from a class after submitting these forms, you must contact the TECTA office immediately! Failure to do so could result in the loss of scholarship assistance during this semester or any future semesters. *(Withdrawal from class after the semester begins could also result in loss of funding for future classes.)*

In order to qualify for continued TECTA support, students must provide unofficial transcripts showing completion of any prior courses for which they received financial assistance from the TECTA program. Access copies of your transcripts by using the online student account of the college you are attending.
Tennessee Early Childhood Training Alliance (TECTA)
Student Information Form

Roane State Community College
Phone: (865) 481-2034
701 Briarcliff Ave.
Oak Ridge, TN 37830

PLEASE PRINT CLEARLY

Semester:  □ Fall of 201_____(year)  □ Spring of 201_____(year)  □ Summer of 201_____(year)

TECTA Orientation Location or Institution Attending: ________________________________

Social Security Number:  ______-____-_______

Name: __________________________________________ (Last)  _____________________________ (First)  ________ (Middle)

(Check this portion ONLY the first time you receive TECTA services)

Highest educational achievements before seeking TECTA support:

□ < 9th grade  □ 9th - 12th grade (no diploma)  □ 9th - 12th grade (associate degree)
□ Associate Applied Science  □ Associate High
□ School Graduate/GED  □ Baccalaureate  □ Baccalaureate
□ Some college  □ Masters/Doctorate  □ Technical certificate

College or university of highest degree: ________________________________

Graduation Date:  ______/_______ (Month/Year)

Major:  □ Early Childhood Education  □ Elementary Education  □ Special Education  □ Other___________

Parents Educational Levels:

Mother  □ < 9th grade  □ 9th - 12th grade (no diploma)  □ High School Graduate/GED
□ Some college  □ certificate  □ Associate
□ Baccalaureate  □ Masters/Doctorate

Father  □ < 9th grade  □ 9th - 12th grade (no diploma)  □ High School Graduate/GED
□ Some college  □ certificate  □ Associate
□ Baccalaureate  □ Masters/Doctorate
Employment History

Ages of children in classroom: (choose one)

☐ Birth to 8 months    ☐ Ages 3 - 5    ☐ Mixed age group Infant & Preschool
☐ 9 to 17 months       ☐ School Age    ☐ Family Child Care
☐ 18 to 36 months      ☐ Mixed Age Group Infants

(Please note this question is for research purposes ONLY. Individual responses will not be identified and published.)

Salary: $___________    ☐ hourly    ☐ weekly    ☐ monthly
☐ daily    ☐ bi-weekly    ☐ yearly

Current Position Title:    ☐ Asst. Director    ☐ Director/Teacher    ☐ Teacher Aid
☐ Asst. Director/Teacher  ☐ Other    ☐ Volunteer
☐ Caregiver/Teacher      ☐ Owner of Program
☐ Director              ☐ Sub/Floater

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: ________

Professional Objectives

Why do you want to participate in TECTA training? (check all that apply)

☐ Further my education    ☐ Obtain CDA    ☐ Help with my job search
☐ Obtain Raise    ☐ Improve my job skills

I have completed other early childhood training during the last 12 months:    ☐ Yes    ☐ No

Was the training required by your employer?    ☐ Yes    ☐ No

Do you plan to continue working in child care?    ☐ Yes    ☐ No

If no, please tell why: ____________________________________________________________

Please check the professional organization(s) to which you belong:

☐ Head Start Association    ☐ National Association for the Education of Young Children
☐ National Black Child Development Institute    ☐ National Child Care Association
☐ National Family Child Care Association    ☐ Tennessee Association for the Education of Young Children
☐ Tennessee Family Child Care Alliance    ☐ Tennessee School-Age Care Alliance

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.

“This project is funded through a contract with the Tennessee Department of Human Services and Tennessee State University, Center of Excellence for Learning Sciences.”

Center of Excellence for Learning Sciences
Tennessee State University
TSU-TECTA

Revised 01/2010 Form: TECTA Student Information
**Tennessee Early Childhood Training Alliance (TECTA)**

Roane State Community College TECTA  
701 Briarcliff Avenue  
Oak Ridge, TN 37830  
Phone: 865-481-2034  
Fax: 865-481-2029

---

**Spring 2012**

<table>
<thead>
<tr>
<th>College/University:</th>
<th>Tuition Assistance?</th>
<th>Textbook only?</th>
</tr>
</thead>
</table>

Please attach a detailed copy of your current schedule when requesting assistance.

**Course Name** ____________________________ **Course Number** __________ **Section** __________

**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 Island  □ Black  □ Native American Indian/Alaska Native  □ Other  □ Two or more races  □ White

**Address:** _____________________________  
**City:** __________  
**State:** __________  
**Zip:** __________

**Home County:** __________  
**Home Phone** (____) ___________  
**Cell Phone** (____) ___________

**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  
- A.A.S. Degree  
- Associate Degree  
- Bachelor Degree  
- Technical Certificate  
- Administrator Credential

- Graduate 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.

---

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:** ______________

---

“This project is funded through a contract with the Tennessee Department of Human Services and Tennessee State University, Center of Excellence for Learning Sciences.”
# Student Request to Share Information

**Office of Admissions and Records**

<table>
<thead>
<tr>
<th>Name of institution where student is enrolled</th>
<th>Semester</th>
<th>Year</th>
</tr>
</thead>
</table>

**Student’s Name**

(Please Print) __________________________________________________________

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle Initial</th>
</tr>
</thead>
</table>

**SS#**

____________________________________

**Address**

Street

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

**Phone**

(______) __________________________________________

I know that the Family Educational Rights and Privacy Act of 1974 (FERPA) protects the privacy of my student educational records and limits access to the information contained in those records. Because I receive financial support covering all or part of my tuition from the TSU-TECTA program, I am hereby authorizing the Office of Admissions and Records to release my grades and academic status information to the local TECTA Site Director for transmission to the TSU-TECTA Management Office. The information will be used to determine and verify my eligibility for continued TSU-TECTA financial support and will be protected in accordance with the provisions of FERPA. My grade and academic status information should be sent to:

**Address:**

TECTA Program
Roane State Community College
701 Briarcliff Avenue
Oak Ridge, TN 37830

**Phone:** (865) 481-2034
**Fax:** (865) 481-2029

____________________________________

**Student’s Signature**

____________________________________

**Date**