



## Pay it Forward Award

### License/Certification Fee Aid Instructor Authorization

I recommend a license/certification fee advance from Roane State Community College Foundation to \_\_\_\_\_ in the amount of \$\_\_\_\_\_.

(Student name and R number)

I understand that these funds are very limited and I certify that this is a worthy student who needs this assistance to take his/her board licensing/certification exam. The student has completed the Justification of Need page and it is attached. Please refer to the attached guidelines when recommending this student for Foundation support.

\_\_\_\_\_  
Instructor Name and Title (Please Print)

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of Department Signature

\_\_\_\_\_  
Date

### License/Certification Fee Aid Student Agreement

I, \_\_\_\_\_, a student/graduate of Roane State  
(Print name & R number)

Community College's \_\_\_\_\_ Program, have been recommended to receive a license/certification fee advance from the RSCC Foundation in the amount of \$\_\_\_\_\_. Once I have been authorized to receive this aid, I agree to **submit a well written thank-you letter and a photograph to Roane State Foundation prior to payment of the license/certification fee.** These can be sent by email to [foundationdept@roanestate.edu](mailto:foundationdept@roanestate.edu) or directly to Roane State Foundation, 276 Patton Lane, Harriman, TN 37748.

I pledge to “pay it forward” (repay) these funds to Roane State Foundation so future students in need can receive assistance. This pledge will be honored when I am financially able to do so.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Preferred email address      Cell Phone      Work Phone      Home Phone

(Please contact the Foundation office at 865-882-4507 to discuss exam payment arrangements.)

