



STATE OF TENNESSEE
TENNESSEE STUDENT ASSISTANCE CORPORATION
SUITE 1950, PARKWAY TOWERS
404 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0820
(615) 741-1346 • 1-800-342-1663 • FAX (615) 741-6101
www.CollegePaysTn.com

MINORITY TEACHING FELLOWS PROGRAM

Type or print in ink. In order to have your application processed, **all information must be received at TSAC by the April 15 deadline.** See Additional Attachments required and checklist on the back of this application. The awards are highly competitive and subject to availability of funding.

1. Name _____ 2. Social Security No. _____
Last First Middle
3. Date of Birth _____ 4. Are you a United States citizen? ___ Yes ___ No
Month Day Year
5. Are you a legal resident of Tennessee? ___ Yes ___ No 6. County of Legal Residence _____
7. Permanent Address _____
Street City State Zip Code
8. Telephone Number (____) _____
9. E-Mail Address _____
10. Gender ___ Male ___ Female 11. Race _____ African American ___ Asian American
_____ Caucasian ___ Hispanic American
_____ Native American/ Alaska Native ___ Other _____ Specify
12. Driver's License State _____ Number _____

PARENT/GUARDIAN/SPOUSE INFORMATION (All applicants must provide this information)

13. Parent/Guardian/Spouse Name _____
14. Relationship to Applicant _____ 15. Home Telephone Number (____) _____
16. Permanent Address _____
Street City State Zip Code
17. Employer _____ 18. Employer Telephone Number (____) _____
19. Employer Address _____
Street City State Zip Code

CHECKLIST: Is the application complete and signed by applicant and school official? For high school applicants, is the high school transcript attached with at least seven semesters, SAT/ACT score, and the class rank documented? If the applicant attended college, is the college transcript attached? Are the four additional required documents (essay, 2 references, and extracurricular activities) attached? Are you mailing the complete application and all required attachments to arrive at TSAC by April 15? **Incomplete or late applications will not be considered.**

HIGH SCHOOL INFORMATION

20. Where did or will you receive your diploma? _____
Name of High School
21. School Address _____
Street City State Zip Code
22. When did or will you graduate? _____ 23. List your ACT Score _____ or SAT Score _____
Month, Year
24. What is your Grade Point Average on a 4.0 scale? _____ 25. Your Class ranking is _____ out of _____
26. **Attach separate sheet (s)** showing all extracurricular activities in high school and college. Give the length of time you were a member. List all officer, chairperson, or leadership positions you held and the length of time you held them. Also, list evidences of your commitment that would indicate an interest in teaching.

COLLEGE INFORMATION

27. What Tennessee institution will you attend to earn your teaching credentials?

Name of College or University

28. Expected graduation date _____
Month, Year

29. Have you ever attended other colleges or universities? ____ Yes ____ No

30. If you answered Yes to #29 what is your GPA _____ and number of hours that you have completed _____

31. If you answered Yes to #29, list your previous colleges, graduation date, and degree earned.

Name of College/University

Graduation Date

Degree Earned

Note: If you have received a bachelor’s degree, you are ineligible to apply for this award.

CERTIFICATION BY THE APPLICANT

I understand that this application must be completed in full and **received at TSAC by April 15** to be considered. I certify that I have read this application in full and it is accurate and complete to the best of my knowledge. I agree to provide, if requested, any other data necessary to verify such information. I authorize any educational institution that I attend to release to TSAC or to its agents any information requested by such persons pertinent to this award (i.e., enrollment status, current address, academic grades achieved, etc.). I affirm that any funds obtained as a result of this application will be used solely for the expenses related to attendance at the postsecondary educational institution that I attend. By submitting this application, I hereby declare my intent to teach at a Tennessee public school at some K-12 level. Prior to the receipt of the \$5,000 fellowship, I understand that I must enter into a promissory note that states the terms of the fellowship, which include teaching or repayment if I do not teach. I further understand that I will be eligible to receive the scholarship for more than one year, if I am a full-time student in teacher education with a 2.5 college grade point average. I understand that an incomplete application will not be considered.

SIGNATURE OF APPLICANT

DATE SIGNED

ADDITIONAL REQUIRED ATTACHMENTS: (1) High school applicant must attach an official high school transcript with seven semesters, SAT/ACT scores, and class rank **or** college applicants must attach an official college transcript. (2) Submit a three paragraph paper of less than 250 words on the topic “Why I Chose Teaching as a Profession” and (3) submit two reference letters: **a)** one from a community person who is not a member of the applicant's family and **b)** one from a teacher who taught the applicant in high school or college. The references should comment on the applicant’s interest in education, character, time known, and extracurricular activities. (4) Submit a separate sheet identifying extracurricular activities, leadership positions, and length of time involved.

CERTIFICATION BY SCHOOL OFFICIAL

I have reviewed the foregoing completed application. I hereby certify that, to the best of my knowledge, it is accurate and complete. I have informed the applicant that the high school transcript, college transcript (if applicable), and additional attachments are required with this application. Note: Please ensure that the grade point average, rank in class and ACT/SAT are on the transcript.

HIGH SCHOOL CERTIFICATION

SIGNATURE OF HIGH SCHOOL OFFICIAL

DATE SIGNED

PRINT NAME OF HIGH SCHOOL OFFICIAL

TITLE

(_____)_____
HIGH SCHOOL TELEPHONE NUMBER

COLLEGE/UNIVERSITY CERTIFICATION

SIGNATURE OF COLLEGE/UNIVERSITY OFFICIAL

DATE SIGNED

PRINT NAME OF COLLEGE/UNIVERSITY OFFICIAL

TITLE

(_____)_____
COLLEGE/UNIVERSITY TELEPHONE NUMBER