

REFERENCES (You must list three references)

23. Parent or Guardian (if none, list reference)	
Name:	Relation:
Address:	
Home Phone: Work Phone:	
Employer: (If self-employed, give name of Company)	
Work Address:	
24. Relative (Not living with parent/guardian in item 23, if none list reference)	25. Spouse (if none, list reference)
Name: Relation:	Name: Relation:
Address:	
Home Phone: Work Phone:	
Employer: (If self-employed, give name of Company)	
Work Address:	

26. Submit to TSAC official copies of all college transcripts, documentation to verify the standardized test score shown in Item 30, and a Letter of Recommendation from an official of the teacher education program at your educational institution attesting to your commitment to teaching and promise of professional success as a teacher.

27. CERTIFICATION BY APPLICANT

I understand that this application must be completed in full by me and my educational institution, and received by TSAC by April 15 to be considered. I realize that it must be supported by official copies of all transcripts, a Letter of Recommendation, and documentation to verify my standardized test score. I certify that I have read this application and that it is accurate to the best of my knowledge. I agree to provide, if requested, any other documentation to verify such information. I authorize the educational institution to release to TSAC or its agents, any information requested by such persons (i.e., current address, enrollment status, GPA, etc.). I affirm that any funds obtained, as a result of this application, will be used solely for expenses related to attendance in teacher education at the educational institution. I understand that I must reapply for this program each year. I agree to notify TSAC of any change in my status including, but not limited to, name, address, and school attendance. I understand that to remain eligible for the program I will be required to maintain at least a 2.75 GPA or higher if required by the teacher education program at my institution. After receipt of Teacher Certification, I affirm my intent to teach in a Tennessee public school one year for each year the award is received at the preschool, elementary or secondary level. I understand that I will be required to sign a promissory note before awards are made.

SIGNATURE OF APPLICANT

DATE SIGNED

CERTIFICATION TO BE COMPLETED BY THE TEACHER EDUCATION PROGRAM TO WHICH THE STUDENT HAS BEEN FORMALLY ADMITTED

28. Name of Educational Institution _____

Address _____
Street Address City State Zip Code

Telephone Number (_____) _____ Fax Number (_____) _____

29. I certify that the above student's residency is classified as _____ In-State _____ Out-of-State

30. I certify that the student's most current Standardized Test Score is _____ ACT _____ SAT _____ GRE _____ MAT
_____ PPST Total: _____ Reading _____ Writing _____ Math

31. I certify the student's Undergraduate Cumulative GPA _____ for _____ Semester Hours

32. I certify the student's Graduate Cumulative GPA _____ for _____ Semester Hours

I certify that the information given above is complete and correct to the best of my knowledge, that the above-named student has been formally admitted to a State-approved teacher education program, and that such program can be completed within four years from the date of award.

SIGNATURE OF DEAN/DEPARTMENT HEAD

DATE SIGNED

TYPE OR PRINT NAME

TITLE