TENNESSEE STUDENT ASSISTANCE CORPORATION

REDUCTION IN FORCE (RIF) TUITION ASSISTANCE

PLEASE COMPLETE AND SUBMIT THE APPLICATION PRIOR TO THE END OF SCHOOL TERM. **A COPY OF YOUR SEPARATION NOTICE MUST BE SUBMITTED WITH YOUR INITIAL APPLICATION.** AN APPLICATION MUST BE SUBMITTED FOR EACH TERM. TUITION ASSISTANCE BENEFITS ARE AVAILABLE FOR A TWO-YEAR PERIOD BEGINNING WHEN AN EMPLOYEE IS SEPARATED DUE TO A REDUCTION IN FORCE. ADDITIONAL PROGRAM INFORMATION CAN BE FOUND HERE.

PERSONAL INFORMATION

NAME: _____ SSN: _____ DOB: _____

ADDRESS: _____
STREET CITY ST ZIP CODE

CELL PHONE: _____ EMAIL ADDRESS: _____

EMPLOYMENT DATES OF SERVICE – FROM: _____ TO: _____

EDUCATION INFORMATION

EDUCATIONAL GOAL: _____ TUITION STATUS: _____

INSTITUTION: _____

ENROLLMENT STATUS: _____ NUMBER OF HOURS: _____

TERM START DATE: _____ TERM END DATE: _____

I hereby certify that the information provided is true and accurate to the best of my knowledge.

SIGNATURE: _____ DATE: _____

Send the completed application via email to Journey.A.Ellison@tn.gov.

STATE OF TENNESSEE
TENNESSEE STUDENT ASSISTANCE CORPORATION
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