

Tennessee Student Assistance Corporation 404 James Robertson Parkway 15th Floor, Suite 1510 Nashville, TN 37243-1505

STEP UP Scholarship Application*

1.	Name:	2. SSN:_	2. SSN:		
	First Last	MI			
3.	Name of Parent/Legal Guardian:				
4.	Email address:		-		
5.	Permanent Address:				
	Address	City	State	Zip	
6.	Date of Birth:	6. Phon	e Number:		
7.	Academic year for which you are ap	plying:		_	
8.	Which postsecondary institution do you plan to attend? Check one:				
	Lipscomb University				
	Union University				
	University of Memphis				
	University of Tennessee, Knoxvill	e			
	Vanderbilt University				
	I, hereby, certify that I will be enrolled in a program of study for students with intellectual disabilities and the information provided is true and accurate to the best of my knowledge.				
	Student Signature	Ī	Date		
	Parent/Legal Guardian Signature	Ī	Date	_	

*Student must also complete the Free Application for Federal Student Aid (FAFSA) at www.fafsa.gov.