



TENNESSEE STUDENT ASSISTANCE CORPORATION

## VOLUNTARY BUYOUT PROGRAM (VBP) TUITION ASSISTANCE BENEFIT

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 THE VOLUNTARY BUYOUT PROGRAM. ADDITIONAL PROGRAM INFORMATION CAN BE FOUND [HERE](#).

### PERSONAL INFORMATION

NAME: _____				SSN: _____		DOB: _____	
ADDRESS: _____				CITY _____		ST _____	
STREET						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](mailto:Journey.A.Ellison@tn.gov).**