

THE STEP UP SCHOLARSHIP IS A PROGRAM DESIGNED TO ASSIST STUDENTS WITH INTELLECTUAL DISABILITIES WHO HAVE COMPLETED HIGH SCHOOL AND ENROLL IN AN INDIVIDUALIZED PROGRAM OF STUDY OF UP TO FOUR YEARS AT AN ELIGIBLE POSTSECONDARY INSTITUTION. IN ADDITION TO THIS APPLICATION, RECIPIENTS MUST COMPLETE THE [FREE APPLICATION FOR FEDERAL STUDENT AID \(FAFSA\)](#) EACH ACADEMIC YEAR. ADDITIONAL PROGRAM INFORMATION IS FOUND [HERE](#).

APPLICATION DEADLINES:

FALL - SEPTEMBER 1 / SPRING - FEBRUARY 1 / SUMMER - MAY 1

### STUDENT INFORMATION

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY/ST/ZIP: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

### PARENT / GUARDIAN INFORMATION

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY/ST/ZIP: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ ALT PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### STUDENT EDUCATIONAL INFORMATION

HIGH SCHOOL NAME: \_\_\_\_\_ CITY: \_\_\_\_\_

DIPLOMA/CERTIFICATE RECEIVED: \_\_\_\_\_ COMPLETION/TRANSITION DATE: \_\_\_\_\_

POSTSECONDARY INSTITUTION: \_\_\_\_\_ ACADEMIC YEAR: \_\_\_\_\_

***We hereby certify that the student 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 our knowledge.***

SIGNATURE OF STUDENT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PARENT/LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

STATE OF TENNESSEE

**TENNESSEE STUDENT ASSISTANCE CORPORATION**

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