



TENNESSEE STUDENT ASSISTANCE CORP

TENNESSEE FUTURE TEACHER SCHOLARSHIP
2024-2025 APPLICATION

All information requested must be complete and received by TSAC no later than September 1, 2024. The application and a letter of recommendation must be sent in PDF format to Cindy.Runnels@tn.gov. Awards are highly competitive and subject to the availability of funding.

STUDENT INFORMATION

1. Name: Last First Middle 2. SSN: XXX-XX-

3. Permanent Address: Street City State ZIP Code

4. County of Permanent Residence: 5. Telephone Number:

6. Email Address:

7. Date of Birth: MM/DD/YYYY 8. Driver's License State: Number:

9. Do you currently have a teaching license? YES NO

10. Are you currently employed as a teacher? YES NO

11. Are you a current or prior award recipient of any other service obligations that require a teaching commitment or other service obligation after you receive your teacher licensure?

Robert Noyce Scholarship: YES NO

Federal Teach Grant: YES NO

Other: YES NO Please specify type and name:

12. What level do you plan to teach?

13. What subject area do you plan to teach?

14. When do you anticipate completing the requirements for teacher licensure? MM/YYYY

15. Expected Graduation Date: MM/YYYY

16. Have you ever received a federal student loan? YES NO If yes, what is the current status of the loan? Deferment Forbearance Paid in Full Repayment Default

COLLEGE / UNIVERSITY INFORMATION

17. Which TN institution will you attend to earn your teaching credential?

18. What is your class level for the academic year for which you are applying?

19. Indicate the number of credit hours you will be taking for each term:

Fall 2024 Semester: _____ Spring 2025 Semester: _____ Summer 2025 Semester: _____

REFERENCE INFORMATION (All applicants must provide this information)

Reference must be a relative or close friend.

20. Name: _____
Last First Middle

21. Relationship to Applicant: _____ 22. Telephone Number: _____

23. Address: _____
Street City State ZIP Code

24. Employer: _____ 25. Employer Telephone Number: _____

26. Employer Address: _____
Street City State ZIP Code

CURRENT COLLEGE / UNIVERSITY INFORMATION

27. Name of Postsecondary Institution: _____

28. Address: _____
Street City State ZIP Code

Note: A letter of recommendation from an official of the teacher education program is required for TSAC to complete the application process and may be either attached to the application email or transmitted directly to TSAC by the official making the recommendation.

CERTIFICATION BY APPLICANT

I understand that this application must be completed in full and received at TSAC by September 1, 2024.

I realize it must be supported by a letter of recommendation attesting to my commitment to teaching from an official of the approved educator preparation program to which I have been admitted. I certify I have read this application and it is accurate to the best of my knowledge. I agree to provide, if requested, any other documentation to verify such information. I affirm that any funds obtained, as a result of this application, will be used solely for expenses related to attendance in the approved educator preparation program 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 enrollment status. I understand that to remain eligible for the program I must maintain the GPA required by the approved educator preparation program at my institution. I affirm my intent to teach in a Tennessee public school in a targeted setting for four (4) consecutive years, (regardless of the number of semesters or years of funding I have received) at the Pre-K, elementary, middle, or high school level. I understand I will be required to sign a promissory note before awards are made. I also understand this is a pilot program for five (5) academic years, beginning Fall 2023 and ending Summer 2028. No funds will be available after this term.

SIGNATURE OF APPLICANT

DATE