



Application for Tennessee Tuition Assistance Grant (TTAG)*

This form must be completed if you are claiming entitlement to Tennessee Tuition Assistant Grant benefits. All questions must be answered, and the document must be signed. Section A must be completed by the applicant. Section B must be completed by parents or legal guardian if the applicant is under the age of 19 or if the applicant is a dependent. Supporting documents and additional information may be requested as needed.

* For applicants residing in Hawkins, Hancock, Sullivan or Washington Counties

Section A (To be completed by the applicant)

NAME (Please Print)

LAST FIRST MIDDLE

CITIZENSHIP STATUS

U.S. CITIZEN _____ NON U.S. _____

IF NON U.S., VISA OR GREEN CARD NUMBER _____

ADDRESS (No post office boxes please)

ADDRESS CITY/STATE ZIP CODE

COUNTY LENGTH OF TIME AT CURRENT RESIDENCE

EMPLOYMENT

EMPLOYER CITY/STATE HOURS PER WEEK

FROM (MONTH/YEAR) TO MONTH/YEAR

DO YOUR PARENTS OR LEGAL GUARDIANS PROVIDE MORE THAN HALF OF YOUR FINANCIAL SUPPORT OR CLAIM YOU AS A DEPENDENT _____ YES _____ NO

If yes, parent or legal guardian must complete Section B.

I certify under penalty of disciplinary action that the information I have provided above is true.

APPLICANT'S SIGNATURE (REQUIRED) DATE

Section B (To be completed by parent or legal guardian)

If a dependent applicant's parents are separated or divorced, the parent who resides in Tennessee must complete and sign below.

PARENT'S OR LEGAL GUARDIAN'S INFORMATION

NAME (Please print)

LAST FIRST MIDDLE

RELATIONSHIP TO APPLICANT DAYTIME PHONE (WITH AREA CODE)

CITIZENSHIP STATUS

U.S. CITIZEN _____ NON U.S. _____

IF NON U.S., VISA OR GREEN CARD NUMBER _____

ADDRESS (No post office boxes please)

ADDRESS CITY/STATE ZIP CODE

COUNTY _____ LENGTH OF TIME AT CURRENT RESIDENCE _____
EMPLOYMENT

EMPLOYER _____ CITY/STATE _____ HOURS PER WEEK _____

FROM (MONTH/YEAR) _____ TO (MONTH/YEAR) _____

I certify under penalty of law that the information I have provided is true.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____ DATE _____