

2016-2017 TN-AHEAD 4-YEAR SCHOLARSHIP APPLICATION

SCHOLARSHIP REQUIREMENTS

1. Must be a resident of Tennessee and registered with the institution's disability services office.
2. Must have completed a minimum for 40 hours of college credit at the time of application.
3. Must be enrolled at a four-year institution during the award period for a minimum of nine (9) credit hours.
4. Must be currently enrolled for a minimum of nine (9) credit hours.
5. Minimum of 2.5 (on a 4.0 scale) collegiate GPA and be in good standing.
6. Provide two (2) letters of recommendation with at least one (1) from a faculty member.
7. Nomination by a TN-AHEAD member.
8. Entire application must be completed, including certification from the Disability Services Provider as well as the required essay. You may use additional pages as needed.

Application Deadline: March 01, 2018

Name _____

Address _____
(Street Name) (City) (State) (Zip)

Phone Number () _____ What is your major? _____

College/University Enrolled: _____ Student ID Number _____

Disability and/or community related activities, achievements, clubs, etc., including leadership positions:

ALL STUDENTS PLEASE COMPLETE THE FOLLOWING:

Write an essay about how you have used self-advocacy skills to shine a light on your abilities, and how you believe these skills will help you in life after college. (Attach separate sheet.)

RETURN COMPLETED APPLICATION TO:

Edward Beason, Assistant Director
Tennessee Tech University
1000 N. Dixie Ave
Cookeville, TN 38505
Fax: 931-372-6378

The application and all supporting documents can be mailed to the address above or sent electronically. Materials and questions should be directed to ebeason@tntech.edu.

To be completed by the Institution's Disability Service Provider:

By completing the following section, you are certifying this applicant's nomination and registration with the institution's office of disability services.

Number of College Credit Hours Completed: _____ Number of Enrolled Hours: _____
Standing: Good _____ Probation _____ GPA _____

Disability Service Provider Signature: _____ Date: _____

This is a \$1,000.00, one (1) year non-renewable scholarship awarded two semesters, \$500.00 ea. Scholarship recipient will be announced at the TN-AHEAD conference March 28, 2018.