



Please Note: It is important that this form is completed accurately. Failure to provide all and correct information may delay application processing and applicant's program acceptance.

DCS Hire Date:

Yes No Have you or will you have been employed for at least one year by the first day of classes for the upcoming term for which you are applying to receive tuition reimbursement?

Scholastic Information

Yes No Have you received an official letter of acceptance into an accredited university's graduate school in a Human Services Field? This includes Social Work, Counseling, Psychology, Child Development, or Sociology.

If "yes," which degree will you pursue? _____

Name of University you will be attending: University ID#: Anticipated begin/end semester in this program: Start: Graduate: Previous university(ies) attended:

Demographic/Contact Information

Last Name: First: Middle: Other: Yes No Are you a US Citizen? Date of Birth:

Permanent Address:

Street Address/Apt# City State Zip County

Contact Information

Telephone: Cell: Email: Work Email:

Email will be the primary mode of communication with DCS and student. Please be sure to provide an accurate email address.

Please provide the following information for a contact related to you (parent, guardian, spouse):

Last: First: Middle: Telephone: Street Address/Apt# City State Zip County



Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.



Demographic: The information requested below is for compliance with federal laws. Your responses are voluntary and kept confidential. If you choose not to answer these questions, you will not be subject to any adverse treatment in the application process.

Table with columns for Sex (Female, Male) and Race/Ethnicity (Alaskan Native, African American, Asian or Pacific Islander, Caucasian, Hispanic, Other).

DCS Employment Information

Current Position:

Program/Functional Area:

If other:

of Years with DCS:

EI#:

Edison ID#:

DCS Address (Street/Box/Unit):

City

State

County

Zip

Region/Site

Work Contact Information

Telephone (include area code):

Cell (if applicable):

Certification: My signature below is my personal attestation that the information provided in this application is true and complete to the best of my knowledge and understand that any willful false statement is sufficient cause for rejection of this application or, if DCS financial assistance has been awarded, the termination of this award and repayment of funds received.

Applicant's Signature

Date

After completion, please sign and send this form along with other application materials to:

OR scan and email to: IV-E_Tuition EI-DCS IV-E_Tuition.EI-DCS@tn.gov

Forms may also be printed and mailed to:

Department of Children's Services
Tuition Assistance Programs
UBS Tower, 7th Floor
315 Deaderick Street
Nashville, TN 37243



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