



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:

Have you or will you have been employed for at least two (2) consecutive years by the first day of classes for the upcoming term for which you are applying to receive financial aid (summer or fall)? Yes No

Scholastic Information

Have you received an official letter of acceptance into an accredited MSW/MSSW program? Yes No

Name of University you will be attending: University ID#:

Anticipated begin/end semester in this program: Start: Graduate:

Overall Undergraduate GPA: Previous university(ies) attended:

Demographic/Contact Information

Last Name: First: Middle: Maiden:

Date of Birth:

Permanent Address:

Street Address/Apt# City State Zip County

Contact Information

Telephone: Cell: Work Email:

School Email: Home Email (Required):

Email will be the primary mode of communication with DCS and student. Home email is required. Application will not be processed if a home email is not provided. Please be sure to provide your accurate email address.

Form with questions: Which is your preferred email address? Are you a US Citizen? Are you currently an employee of a State agency, organization, or department? Have you taken or are you currently enrolled in any college level Spanish class? Do you speak any languages besides English? Are you a Tennessee resident?

If 'yes' what languages?

In what TN County do you reside?



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



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

Last Name: First: Middle: Telephone:

Street Address/Apt# City State Zip County

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, Race/Ethnicity, and sub-categories like Alaskan Native, African American, Asian or Pacific Islander, Caucasian, Hispanic, Other.

DCS Employment Information

Current Position Classification: 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 print, and sign, and return this form along with other application materials to:

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

Scan and email to: IV-E Tuition.EI-DCS@tn.gov



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