



Tennessee Dual Enrollment Grant

Definition: Tennessee Dual Enrollment Grant

The Tennessee Dual Enrollment Grant program is defined as a grant for study at an eligible postsecondary institution that is funded from net proceeds of the state lottery and awarded to students who are attending high school and who are also enrolled in college courses at eligible postsecondary institutions for which they will receive college credit.

General Requirements and Instructions:

The Tennessee Dual Enrollment Grant provides financial assistance to qualified high school students in pursuit of postsecondary study at an eligible Tennessee public or private institution while receiving dual high school and college credit.

The application must be completed and processed by the deadline date each semester in order for a student to participate and receive funding from this grant. The student and high school official must complete and sign Sections I & II; respectively, and submit the application to the postsecondary institution to which the student is seeking admission. The processing deadline dates for colleges are: September 1 for fall enrollment, February 1 for spring and May 1 for summer enrollment. The processing deadline dates for Tennessee Technology Centers are: November 1 for fall enrollment, March 1 for spring and May 1 for summer enrollment.

To participate in the Tennessee Dual Enrollment Grant program, a student must be a Tennessee resident one year prior to enrollment and enrolled for postsecondary courses leading towards a degree for which they also earn high school credit. The grant shall not be utilized for college-level course of study that does not meet high school requirements for graduation. For continued participation, a student must maintain a 2.75 cumulative college grade point average that shall be certified by an Enrollment Services representative each semester. Once the courses and minimum cumulative grade point average are certified, a representative of the Bursar's Office shall process the award. **College courses taken under the restrictions of this grant do not count towards the Tennessee HOPE Scholarship college GPA and the attempted credit hours limitation.**

Students eligible to participate in the Tennessee Dual Enrollment Grant program may receive up to \$600 per award year (\$300 per semester), paid at the rate of \$100 per postsecondary semester/term credit hour or approved Tennessee Technology Center schedule. This grant is subject to the availability of funding and shall only be applied towards college tuition. Other discount vouchers received by the student shall be applied toward the cost of tuition prior to utilizing the Tennessee Dual Enrollment Grant. Other postsecondary institution costs not covered by this grant are the responsibility of the student.

Students applying for the Tennessee Dual Enrollment Grant program must seek certification from the high school's principal or counseling staff that they are eligible for participation and that the selected postsecondary courses will meet high school graduation requirements. Furthermore, the student shall contact the Admissions Office of the selected eligible postsecondary college to apply for admission as a dual enrollment student. The student applying for the Tennessee Dual Enrollment Grant program must be certified as eligible by the high school, have selected postsecondary courses approved by the high school as meeting high school graduation requirements, and gain admission to the postsecondary institution as a dual enrollment student and be enrolled in a high school-approved course of study.

For more questions regarding the Tennessee Dual Enrollment Grant program requirements, please contact the Tennessee Student Assistance Corporation at (615) 741-1346 or toll free at 1-800-342-1663. You may visit our website at www.CollegePaysTN.com for more details.

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Section I: Student Information

- Please complete this section of the application to certify your eligibility to participate in this grant program. Submit the completed application to the Enrollment Services Office and Bursar's Office at the postsecondary institution where you are applying for admission as a dual enrollment student.

Important: The student must complete an application for dual enrollment admission at an eligible postsecondary institution in addition to completing this form.

Please Print

Name: _____ Social Security No. _____
Last First MI

Permanent Address: _____
Street City State Zip Code

Telephone No. (____) _____ Date of Birth: _____

E-mail Address: _____

Gender (Select One): Male Female Date of TN residency: _____
Month Day Year

Have you been convicted of committing a felony charge involving a controlled substance or dangerous drug? (please circle one choice) N Y ; if yes, please give date of conviction ____/____/____

Are you a U. S. citizen? Yes, I am a U.S. citizen
 No, but I am an eligible non-citizen. Registration #A _____
 No, I'm none of the above

Race (Select One): Black American Asian American
 Caucasian Hispanic American
 Native American Indian Other _____

STUDENT: I understand that failure to apply and enroll at an eligible postsecondary institution will void the processing of this application to participate in the Dual Enrollment Grant program. I understand that the application shall be properly completed each semester in order to qualify. I understand that the grant shall be utilized for courses I complete that count toward high school graduation requirements and hours of postsecondary credit. I also understand that if I withdraw from the eligible postsecondary institution I will be asked to pay the postsecondary institution for the courses, less any refund warranted by the postsecondary institution's refund policy.

Student's Signature Date

Parent or Guardian's Signature Date

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Section II: High School Principal or School Counselor

- This section is to be completed and signed by the School Principal or School Counselor at the high school.

The student is scheduled to graduate from _____
Name of High School

Student's grade level completed: _____ 10th _____ 11th _____
Anticipated Graduation Year

Student's highest composite score: ACT _____, Date _____; or, SAT I _____, Date _____

Student's unweighted GPA _____ on a 4.0 scale.

If the student successfully completes the following postsecondary courses, this credit will also satisfy the high school graduation requirements as specified:

Postsecondary Institution Course Credit				Does this course meet a high school graduation requirement?	
Course Number	Course Name	Credit Hours	Semester/Year	Yes	No

PRINCIPAL OR COUNSELOR: I certify that the information reported in this application is accurate to the best of my knowledge. I authorize the postsecondary institution to exchange pertinent information deemed necessary to establish dual enrollment participation and for the Tennessee Student Assistance Corporation to properly administer the TN Dual Enrollment Grant program. I understand that false information provided in this application will result in award forfeiture or a refund and/or dismissal to participate in the Dual Enrollment Grant program.

 High School Counselor or Principal's Signature

 Print Name From Above

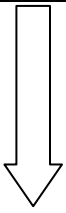
 Date Signed

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Section III: Eligible Postsecondary Institution Information
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- This section is to be completed and signed by the Enrollment Services Office and Bursar's Office representatives at the postsecondary institution.

Postsecondary Institution: _____

Course Number	Course Name	Credit Hours/ Clock Hours	Semester/Year or Trimester/Year	Cumulative Postsecondary GPA
				

This student is a new applicant and therefore does not have a postsecondary GPA.

Semester Award Amount: \$ _____ (must not exceed \$300 per semester/term)

I have reviewed the foregoing information in this application and certify, to the best of my knowledge, that all information contained in this application is accurate and complete. Finally, I certify the applicant is eligible for dual enrollment at the postsecondary institution listed above.

Enrollment Services Representative Signature

(_____) _____
Enrollment Services Office Phone Number

Print Name From Above

Date Signed

Bursar's Representative Signature

(_____) _____
Bursar's Office Phone Number

Print Name From Above

Date Signed