Tourette Association of America – Oklahoma Chapter

Post-Secondary Education Scholarship
Application Form

Please complete the following (print or type).

First-Time Applicants:

Name ______________________________________ Date ___________________

Email address

Address (street)

(city, state, zip)

Year or age when diagnosed with Tourette Syndrome _______

Are you or your family a current member of the Tourette Association of America _______

High school GPA _____

Institution you plan to attend (if undecided, list those you are considering). Place an asterisk next to those listed where you have been accepted.

____________________________________________________________________

____________________________________________________________________

List scholarships you have been awarded and financial aid you will receive.

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Renewing Applicants:

Name ______________________________________ Date ___________________

Email address

Address (street)

(city, state, zip)

Are you or your family a current member of the Tourette Association of America _______
Institution you are/have attended and degree/certificate program you are pursuing
_________________________________________________________________________
_________________________________________________________________________
Current cumulative GPA _____
List scholarships you have been awarded and financial aid you will receive.
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
Please provide a copy of official transcripts from (post-secondary) institutions you have attended.