

# 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) \_\_\_\_\_

(cite, 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.

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

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### 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

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Current cumulative GPA \_\_\_\_\_

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

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Please provide a copy of official transcripts from (post-secondary) institutions you have attended.