

Tourette Association of America – Oklahoma Chapter

Post-Secondary Education Scholarship Application Form (Revised 10/2020)

First-Time Applicant: Please complete the following (print or type).

Name _____ Date _____

Email address _____

Address (street) _____

(city, state, zip) _____

Phone number when you can be reached _____ What is the best time to phone? _____

Parents/Guardians, if under 18 years of age) _____

Year or age when diagnosed with Tourette Syndrome _____

High school attended _____

High school address _____ High school phone number _____

Name of high school guidance counselor/advisor _____

High school GPA _____ (Attach transcript of high school courses and grades.)

List any clubs, organizations, and activities in which you are/were involved.

List any community service events with which you have helped.

List any employment (summer or part-time during the school year) you had during high school.

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 and financial aid you will receive. Include the dollar value of each. Indicate if the scholarship or aid is for the semester or for the academic year.

Signature _____

Renewing Applicant:

Name _____ Date _____

Email address _____

Address (street) _____

(city, state, zip) _____

Phone number where you can be reached. _____ What is the best time to phone? _____

Institution you are/have attended and degree/certificate program you are pursuing

Current cumulative GPA _____

What are your current plans for financing your education? _____

List scholarships and financial aid you will receive. Include dollar value. Indicate if the scholarship/aid is for the semester or for the academic year.

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

Describe the project/activity you did to promote the understanding and acceptance of Tourette Syndrome. Attach documentation, if available.

From your experiences this past semester/year, what do you now wish peers, instructors, and family and the public knew and understood about Tourette Syndrome?

Signature _____

