

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.

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.