



# Tennessee Investments Preparing Scholars

A Program of the State of Tennessee Treasury Department

P.O. Box 198801 ♦ Nashville, TN 37219

Local: 615-741-1502 ♦ Toll-Free: 1-855-386-7827 ♦ Fax: 615-401-6816

Email: [tn.stars@tn.gov](mailto:tn.stars@tn.gov) ♦ Website: [www.tnstars.com/tips](http://www.tnstars.com/tips)



## PROGRAM APPLICATION

Use this application to apply for the State of Tennessee’s TIPS higher education savings matching grant program.

- Complete and mail, with this form, a TNStars™ Account Application for any beneficiary listed in Section 2 of this application that does not already have a TNStars™ account.
- Make sure to list ALL members of your household related by marriage, birth or adoption in Section 3.
- Your TIPS Application and contributions must be postmarked by June 30, 2018.
- To qualify for the TIPS higher education savings matching grant program, your total Federal Adjusted Gross Income must be less than the amount shown below (depending on the size of your family):

2017 Total Federal Adjusted Gross Income*	
Persons in Family or Household	
Family of 1	= \$ 30,150
Family of 2	= \$ 40,600
Family of 3	= \$ 51,050
Family of 4	= \$ 61,500
Family of 5	= \$ 71,950
Family of 6	= \$ 82,400
Family of 7	= \$ 92,850
Family of 8	= \$103,300

For family units of more than eight (8), add \$4,180 for each additional person.

\*Beginning January 1, 2018 through June 30, 2018, the 2017 tax return may be provided for income verification. As such, from January 1, 2018 until June 30, 2018, TNStars™ participants may use either the 2016 tax return or the 2017 tax return.

Information relative to household income is required to be submitted with this application for the TIPS higher education savings matching grant program. You may provide a copy of the 2016/2017 tax return for each income earner in the household or you may include a transcript of your 2016/2017 tax return.



# Tennessee Investments Preparing Scholars

A Program of the State of Tennessee Treasury Department

P.O. Box 198801 ♦ Nashville, TN 37219

Local: 615-741-1502 ♦ Toll-Free: 1-855-386-7827 ♦ Fax: 615-401-6816

Email: tn.stars@tn.gov ♦ Website: www.tnstars.com/tips



## PROGRAM APPLICATION

Mail this form and any other required documents to one of the addresses below. Do not staple.

For Regular Mail:

Tennessee Investments Preparing Scholars  
P.O. Box 198801  
Nashville, TN 37219

For Overnight or Registered Mail:

Tennessee Investments Preparing Scholars  
502 Deaderick Street  
Nashville, TN 37243

### 1. Account Owner Information

List the individual who will be the Account Owner of the TNStars™ account(s). Please print clearly, one letter per box, preferably in capital letters and black ink.

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

First Name

MI

Last Name

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Street Address

Apartment / Unit

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

City

State

Zip Code

<input type="text"/>
----------------------

Email Address

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Telephone Number (daytime)

## 2. Participant (Beneficiary) Information

List the beneficiary(s) whose education expenses will be paid from the account(s). **You may list more than one beneficiary if their accounts are owned by the same Account Owner(s).** Include the TNStars™ account number for each beneficiary who already has a TNStars™ account. **The beneficiary must reside with the participant and be 15 years of age or younger.** Please print clearly, one letter per box, preferably in capital letters and black ink.

### **Beneficiary #1:**

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	MI	Last Name
<input type="text"/>		<input type="text"/>
Date of Birth (mm/dd/yyyy)		Current TNStars™ Account Number

### **Beneficiary #2:**

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	MI	Last Name
<input type="text"/>		<input type="text"/>
Date of Birth (mm/dd/yyyy)		Current TNStars™ Account Number

### **Beneficiary #3:**

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	MI	Last Name
<input type="text"/>		<input type="text"/>
Date of Birth (mm/dd/yyyy)		Current TNStars™ Account Number

### **Beneficiary #4:**

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	MI	Last Name
<input type="text"/>		<input type="text"/>
Date of Birth (mm/dd/yyyy)		Current TNStars™ Account Number

### **Beneficiary #5:**

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	MI	Last Name
<input type="text"/>		<input type="text"/>
Date of Birth (mm/dd/yyyy)		Current TNStars™ Account Number



### 3. Household Members' Information *(continued)*

5.			\$		
	Household Member's First Name	Last Name		Adjusted Gross Income	
					Relationship to Account Owner
					Did this individual file a separate tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No
6.			\$		
	Household Member's First Name	Last Name		Adjusted Gross Income	
					Relationship to Account Owner
					Did this individual file a separate tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No
7.			\$		
	Household Member's First Name	Last Name		Adjusted Gross Income	
					Relationship to Account Owner
					Did this individual file a separate tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No
8.			\$		
	Household Member's First Name	Last Name		Adjusted Gross Income	
					Relationship to Account Owner
					Did this individual file a separate tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No

### 4. Signature

By signing this application, the undersigned certifies that all the information contained herein is accurate and that the undersigned has read and understands the TIPS Program Description. The undersigned also attests that the household income is within the stated applicable range listed on page 1. Any information provided on this application that is missing or incorrect may affect the processing of this application and could impact participation in the TIPS higher education savings matching grant program.

\_\_\_\_\_

Account Owner's Signature

\_\_\_\_\_

Date

### For Official Use Only

\_\_\_\_\_

Approved By

\_\_\_\_\_

Date