



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

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, 2017.
- 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):

2015 - 2016	
Total Federal Adjusted Gross Income*	
Persons in Family or Household	
Family of 1	= \$ 29,425
Family of 2	= \$ 39,825
Family of 3	= \$ 50,225
Family of 4	= \$ 60,625
Family of 5	= \$ 71,025
Family of 6	= \$ 81,425
Family of 7	= \$ 91,825
Family of 8	= \$102,225

For family units of more than eight (8), add \$4,160 for each additional person.

*Beginning January 1, 2017 through June 30, 2017, the 2016 tax return may be provided for income verification. As such, from January 1, 2017 until June 30, 2017, TNStars™ participants may use either the 2015 tax return or the 2016 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 2015/2016 tax return for each income earner in the household or you may include a transcript of your 2015/2016 tax return.



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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.

First Name

MI

Last Name

Street Address

Apartment / Unit

City

State

Zip Code

Email Address

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 25 years of age or younger.** Please print clearly, one letter per box, preferably in capital letters and black ink.

Beneficiary #1:

First Name

MI

Last Name

Date of Birth (mm/dd/yyyy)

Current TNStars™ Account Number

Beneficiary #2:

First Name

MI

Last Name

Date of Birth (mm/dd/yyyy)

Current TNStars™ Account Number

Beneficiary #3:

First Name

MI

Last Name

Date of Birth (mm/dd/yyyy)

Current TNStars™ Account Number

Beneficiary #4:

First Name

MI

Last Name

Date of Birth (mm/dd/yyyy)

Current TNStars™ Account Number

Beneficiary #5:

First Name

MI

Last Name

Date of Birth (mm/dd/yyyy)

Current TNStars™ Account Number

