



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, 2016.
- 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):

2014	2015
Total Federal Adjusted Gross Income Persons in Family or Household	Total Federal Adjusted Gross Income* Persons in Family or Household
Family of 1 = \$ 29,175	Family of 1 = \$ 29,425
Family of 2 = \$ 39,325	Family of 2 = \$ 39,825
Family of 3 = \$ 49,475	Family of 3 = \$ 50,225
Family of 4 = \$ 59,625	Family of 4 = \$ 60,625
Family of 5 = \$ 69,775	Family of 5 = \$ 71,025
Family of 6 = \$ 79,925	Family of 6 = \$ 81,425
Family of 7 = \$ 90,075	Family of 7 = \$ 91,825
Family of 8 = \$100,225	Family of 8 = \$102,225
For family units of more than eight (8), add \$4,060 for each additional person.	For family units of more than eight (8), add \$4,160 for each additional person.
*Beginning January 1, 2016 through June 30, 2016, the 2015 tax return may be provided for income verification. As such, from January 1, 2016 until June 30, 2016, TNStars™ participants may use either the 2014 tax return or the 2015 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 2014/2015 tax return for each income earner in the household or you may include a transcript of your 2014/2015 tax return.

- If you have questions, please contact customer service at 615-741-1502 or send an email to tn.stars@tn.gov.
- Print clearly, preferably in capital letters and black ink. 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





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PROGRAM APPLICATION

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

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. Please print clearly, one letter per box, preferably in capital letters and black ink.

Beneficiary #1:

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First Name

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MI

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Last Name

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Current TNStars™ Account Number

Beneficiary #2:

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First Name

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MI

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Last Name

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Current TNStars™ Account Number

Beneficiary #3:

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First Name

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MI

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Last Name

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Current TNStars™ Account Number

Beneficiary #4:

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First Name

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MI

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Last Name

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Current TNStars™ Account Number

Beneficiary #5:

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First Name

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MI

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Last Name

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Current TNStars™ Account Number

3. Household Members' Information

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 2014/2015 tax return for each income earner in the household or you may include a transcript of your 2014/2015 tax return.

To request a free transcript of your tax return to be mailed to you, call 1-800-908-9946. Using the automated IRS system, request:

- Tax Form Number - **1040 series**
- Type of Transcript - '**Return**' transcript
- Year Requested - **2014 or 2015**

A separate tax return (or transcript of tax return) is required for each member living in the household who **is not** listed on a joint tax return. For joint filers, only one tax return or transcript must be provided.

You **must** list all individuals related by marriage, birth or adoption, **including children**, living in the household. Please print clearly, one letter per box, preferably in capital letters and black ink.

Number of Household Members

Number of Income Earners in Household

1.
Account Owner's First Name

Last Name

\$
Annual Income

Listed on a Joint Tax Return? Yes No

2.
Household Member's First Name

Last Name

\$
Annual Income

Relationship to Account Owner

Listed on a Joint Tax Return? Yes No

3.
Household Member's First Name

Last Name

\$
Annual Income

Relationship to Account Owner

Listed on a Joint Tax Return? Yes No

4.
Household Member's First Name

Last Name

\$
Annual Income

Relationship to Account Owner

Listed on a Joint Tax Return? Yes No

5. Household Member's First Name
 Last Name
 \$ Annual Income
 Relationship to Account Owner
 Listed on a Joint Tax Return? Yes No

6. Household Member's First Name
 Last Name
 \$ Annual Income
 Relationship to Account Owner
 Listed on a Joint Tax Return? Yes No

7. Household Member's First Name
 Last Name
 \$ Annual Income
 Relationship to Account Owner
 Listed on a Joint Tax Return? Yes No

8. Household Member's First Name
 Last Name
 \$ Annual Income
 Relationship to Account Owner
 Listed on a Joint Tax Return? Yes 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