



615-256-5141 • www.tennesseescholars.org

Agreement of Support for Tennessee Scholars

I(parent or g	uardian)understand that the
Tennessee Scholars requirements will he	elp my child be more
successful in college and careers. I appr	ove the Tennessee Scholars
path for my child and will support and e	ncourage my child to excel
academically, stay in school, adhere to the	he school district rules and
regulations for discipline, and complete	the required volunteer
service to my community that is require	d to graduate as a Tennessee
Scholar. I also understand that by gradu	uating as a Tennessee Scholar
will help my child to afford post secondary education. If I allow my	
child to drop out of this program, I understand they are forfeiting	
scholarships, recognition, possible job o	pportunities, and a distinctio
of excellence given by the state of Tenne	essee.
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Parent (Guardian) Signature	Date

