

2022-2023 TEACH Grant Request Form

Student ID	Last Name	First Name							
PLEASE PRINT IN BLACK INK									
	he Teacher Education Assistance for College								
	H Grant students must read the information l	-							
signed form, along with an Educational Plan (on school letterhead) from an advisor/department head who is familiar with your program to the Financial Aid Office. Educational Plans must be signed by an advisor or department head.									
NOTE: Incomplete forms will be returned, which will delay processing.									
Determining TEACH Grant Eligibili	ty								
I agree to be a highly qualified teacher and to teach in a low-income elementary or secondary school, as defined by the									
U.S. Department of Education's <i>Low-Income School Directory</i> - <u>www.tcli.ed.gov/CBSWebApp/servlet/TCLIStateServlet</u>									
	reign language Reading specia	ecialist							
Science Sp	ecial education Bilingual educa	ation and English language acquisition							
I agree to teach full-time for <i>at least four years</i> within eight years of completing each teaching program									
I am academically qualified and maintain a cumulative GPA of 3.25									
I am enrolled in a high need teaching program									
I have completed a TEACH Gra	nt Counseling session at: <u>https://studentaid.</u>	gov/teach-grant-program							
I have signed an Agreement to Serve at: <u>https://studentaid.gov/teach-grant-program</u>									
I understand that there is NO credit for part-time teaching or partial fulfillment of service									
I understand that once the grant becomes a loan, it stays a loan									
_	after you have read the statements and sign								
I understand that the TEACH G will use the proceeds from this gra	rant is to be used for educational expenses w nt accordingly	hile I am attending Eastern University, and I							
	grant that must be repaid with back interest	as a Direct Unsubsidized Loan if I do not:							
1. Teach in a high need subje									
2. Teach in a designated low-									
3. Teach full-time for four yea	ars within eight-years of completing each tea	iching program							
I authorize the TEACH Grant funds to be applied to my Eastern University account to pay any and all charges on said account. Any funds remaining after charges are paid will be mailed to me.									

Student Signature				Date MM/DD/YYYY					
	Before subm	itting to the Fina	ncial Aid Offic	e, please make a co	opy for yo	our re	ecords.		
0	FFICE USE ONLY:	O GPA	O ATS	O TGC					
FA	ALL				C) FT	O TT	O HT	
SF	PRING				C) FT	0 TT	O HT	