

2015-2016



Financial Aid

Financial Aid Office

5150 N. Maple Avenue, M/S JA 64
Fresno, CA 93740-8026

Phone: (559) 278-2182 Fax: (559) 278-4833
www.fresnostate.edu/studentaffairs/financialaid/

TEACH Grant Request Form

STUDENT ID	STUDENT LAST NAME	STUDENT FIRST NAME	SOCIAL SECURITY NUMBER
PLEASE PRINT IN BLACK INK			

Fresno State participates in the Teacher Education Assistance for College and Higher Education Grant Program (TEACH Grant). To request a TEACH Grant students must read the information below in its entirety. **Please return this 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 Eligibility

- 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 *Low-Income School Directory, : <https://www.tcli.ed.gov/CBSWebApp/tcli/TCLIPubSchoolSearch.jsp>,
- I agree to teach in a high need subject area such as:
 - Mathematics
 - Science
 - Foreign language
 - Special education
 - Reading specialist
- I agree to teach full-time for **at least four years** 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 Grant Counseling session at: <https://teach-ts.ed.gov/ats/studentHome.action>
- I have signed an Agreement to Serve at: <https://teach-ats.ed.gov/ats/studentHome.action>
- 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

Please check the following boxes after you have read the statements and sign below:

- I understand that the TEACH Grant is to be used for educational expenses while I am attending Fresno State, and I will use the proceeds from this grant accordingly.
- I also understand that this is a grant **that must be repaid with back interest as a Direct Unsubsidized Loan if I do not:**
 1. Teach in a high need subject area.
 2. Teach in a designated low-income school
 3. Teach full-time for four years within eight-years of completing each teaching program
- I authorize the TEACH Grant funds to be applied to my Fresno State 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 submitting to the Financial Aid Office, please make a copy for your records.

OFFICE USE ONLY:

GPA _____ College yr _____ CPS Tran # _____ ATS TGC

FALL _____ FT TT HT

SPRING _____ FT TT HT