

TEACH Grant Request Form

Name _____ WCUPA ID _____

Anticipated Enrollment; please fill out the number of credits you will be taking each term:

Fall _____ credits Spring _____ credits Summer _____ credits

GRANT INFORMATION: The Teacher Education Assistance for College and Higher Education (TEACH) Grant Program provides grants to students who intend to teach in a public or private elementary or secondary school that serves students from low-income families. West Chester University requires applicants to be formally admitted into a qualifying education program (FATE milestone).

PLEASE REVIEW THE APPLICATION PROCEDURES ON OUR WEBSITE AND PROVIDE THE FOLLOWING INFORMATION:

Current year's FAFSA is submitted with West Chester University listed. **YES** ___ **NO** ___

Date _____ TEACH Grant Counseling Session was completed online (www.studentloans.gov)

Date _____ I was formally admitted (FATE Milestone) into an eligible TEACH Grant Program (undergraduate students only).

Current Cumulative GPA _____ (requires a cumulative GPA of 3.25 or better)

My Eligible Program of Study _____
(please review the eligible programs of study provided on the TEACH grant page of our website)

PLEASE CERTIFY THAT YOU HAVE REVIEWED AND UNDERSTAND THE INFORMATION BELOW BY INITIALING EACH STATEMENT:

___ I understand that the TEACH Grant has a four-year service obligation that I must fulfill as a highly qualified teacher in a high-need field within a school that serves students from low-income families for the award to remain a grant.

___ I understand that if I fail to meet all of the conditions of the award or if the conditions are not documented as required, the award will be permanently converted to a Federal Direct Unsubsidized Direct Loan and that I will be responsible to repay the loan with interest calculated from the date of each TEACH Grant disbursement.

___ I understand that once a TEACH Grant is converted to a loan; it cannot be converted back to a grant.

___ I will notify the Financial Aid Office immediately if I do not want to receive the TEACH Grant award. I may cancel or reduce my award at any point up to 14 days after funds have been disbursed

Student Signature _____

Date _____