

Office of Financial Aid
2023-2024 Teach Grant Application

Full Legal Name: _____

SSN (last four digits): ____ Phone Number: _____

If eligible, you will be awarded the Teach Grant for all semesters in which you are eligible within the academic year, up to the maximum amount.

Please select your program from the following:**Graduate Track**

- ☐
- MA.LDT
-
- ☐
- MA.TCH
-
- ☐
- MA.TESOL
-
- ☐
- MA.LDSP

Undergraduate Track 1

- ☐
- BA.LSE.ECE
-
- ☐
- BA.LSE.ELE
-
- ☐
- BA.LSE.ESOL
-
- ☐
- BA.LSE.SPE

Undergraduate Track 2

- ☐
- Secondary Education Certificate in Biology
-
- ☐
- Secondary Education Certificate in Chemistry
-
- ☐
- Secondary Education Certificate in Language (French/Spanish)
-
- ☐
- Secondary Education Certificate in Mathematics

Combined Track

- ☐
- BA/MAT

Advisors per program:Marcia Simpson
410-532-5149
MA.TCH & MA.TESOLDonna Schissler
410-532-5138
MA.LDT & MA.LDSPKathleen Sipes
410-532-5824
All Undergrad Advising**Certification of Eligibility (Completed by Student):**

I certify that I meet or will meet the student eligibility requirements as follows (initial each):

- ____ I have completed the 2023 - 2024 FAFSA.
____ I am a U.S. Citizen or Eligible Non-Citizen.
____ I am enrolled as an undergraduate or graduate student pursuing one of the approved programs.
____ I am enrolled in coursework that is necessary to begin a career in teaching or plan to complete such coursework
____ I meet the following academic requirements; scored above the 75th percentile on the SAT/ACT/GRE (using ranking from an accredited agency)
OR maintained a cumulative GPA of 3.25 out of 4.0 **OR** am currently employed as a teacher or am a retired teacher (only applies to students pursuing approved graduate programs). Proof required.
____ I have completed TEACH Grant Initial Counseling at <https://studentaid.gov/teach-initial-and-subsequent-counseling/> (must repeat each year)
____ I have signed a TEACH Grant Agreement to serve at <https://studentaid.gov/teach-agreement/> (must repeat each year)
____ I will teach for at least 4 years in a school serving low-income students in a high need subject area (See annual directory at <https://studentaid.gov/tcli/>)
____ I will provide documentation to the US Department of Education that I completed the training obligation and this will be certified by the elementary or secondary schools chief administrative officer after 4 academic years of teaching service.
____ I met/talked with my academic advisor _____ on _____ and discussed Title I schools.

Name

Date

By signing this form, I certify that the above information is true. I also certify that I have read all the information in the TEACH Grant counseling in entirety and I understand the guidelines of the TEACH grant. I understand that failing to comply with any part of the service agreement will cause my TEACH Grant to be converted into an Unsubsidized loan and that it will begin accruing interest from the date the grant was first disbursed.

Student Signature: _____

Date: _____

****Do not submit this form until you have completed all the above steps*****This form contains personally identifiable information.**Office of Financial Aid · 4701 North Charles Street, Baltimore, MD 21210
410.532.5369 (Voice) · 410.532.6287(fax) · finaid@ndm.edu*