Grant Information:
The Teacher Education Assistance for College and Higher Education (TEACH) Grant Program provides grants of up to $3,708 per year to students who commit to teach 1) full-time, 2) in a high-need subject area, 3) for at least four years AND 4) at schools that serve students from low-income families. If the commitment is not fulfilled, the grant is permanently converted to an Unsubsidized Federal Direct Loan with interest calculated back to the date the funds were disbursed.

STUDENT’S NAME _______________________________________ SID: ___________________
EMAIL: __________________________________ DATE: ________________

Student Eligibility: I certify that I meet or will meet the student eligibility requirements as follows: (You must be able to check all of the following)
☐ I have completed the 2015-2016 FAFSA
☐ I am a U.S. Citizen or eligible non-citizen
☐ I am enrolled in a program/coursework that will prepare me to teach in high need subject areas. (Foreign Language, Mathematics or Science).
☐ I am pursuing my first bachelor’s degree.
☐ I have or will complete the 2015-2016 Teach Grant Entrance Counseling
☐ I have or will sign a TEACH grant Agreement to Serve for the 2015-2016 academic year
☐ I understand that the grant is intended only for students who plan to become teachers in a high-need subject field and plan to teach in low-income schools as determined by the federal government or state which are subject to change.
☐ I understand that if I am unable to meet the conditions outlined in the Agreement to Serve the TEACH grant will convert to a Federal Direct Unsubsidized Loan, with interest accrued and capitalized from the date of the original disbursement. I understand that once a TEACH grant is converted to a loan it cannot be converted back to a grant.

Signature________________________________________ Date:____________________________

Academic Eligibility: (In Office Use Only)
☐ I scored above the 75th percentile on the SAT or ACT
OR
☐ I have a cumulative GPA of at least a 3.25 (on a 4.0 scale)

Financial Aid Administrator________________________ Date:____________________________
☐ Approved
☐ Denied

Return Completed Form and Documentation to the Financial Aid Office by:
Mail: 515 Loudon Road, Loudonville, NY 12211
Fax: (518) 783-2410