

 MCDANIEL COLLEGE

FINANCIAL AID OFFICE

2019-2020 Teach Grant Application

\_\_\_\_\_  
Student ID#\*

\_\_\_\_\_  
Student Name (Last Name, First Name)

\*for new students, the Student ID# can be found on the Financial Aid Award Letter

**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 2019-2020 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 75<sup>th</sup> 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 [www.studentloans.gov](http://www.studentloans.gov) (must repeat each year).

\_\_\_\_\_ I have signed a TEACH Grant Agreement to serve at [www.studentloans.gov](http://www.studentloans.gov) (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 [www.tcli.ed.gov](http://www.tcli.ed.gov)).

\_\_\_\_\_ 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 (name) \_\_\_\_\_ on (date) \_\_\_\_\_ and discussed Title I schools.

**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.**

**\*\*Do not submit this form until you have completed all the above steps\*\***

\_\_\_\_\_  
Student Signature (handwritten, not typed)

\_\_\_\_\_  
Date

*This form contains personally identifiable information.  
Financial Aid Office 2 College Hill Westminster, MD 21157  
410.857.2233 (Voice) 410.386.4608 (fax)*