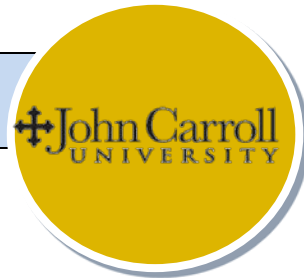


TEACH GRANT APPLICATION



Name _____ Student ID _____

Graduate Program:

School-Based Masters of Education _____ Professional Teacher Initial Licensure Masters of Education _____

Are you a current or former teacher? Yes / No

If not a current or former teacher have you scored above the 75th percentile on one part of the GRE admission test?

Yes / No If yes, Section: _____ Score: _____

If not a current or former teacher have you maintained a cumulative GPA of at least 3.25?

Yes / No Cumulative GPA: _____

Indicate the term and number of credit hours you plan to complete:

Summer 2015 Credit Hours _____ Fall 2015 Credit Hours _____ Spring 2016 Credit Hours _____

***You must notify the Office of Financial Aid if there is a change in your intended credit hours. A change in enrollment may result in the return of funds.**

Next Steps:

⇒ Complete TEACH Grant Initial Counseling <https://teach-ats.ed.gov>

⇒ Complete TEACH Agreement to Serve <https://teach-ats.ed.gov>

The *Agreement to Serve* will be unlocked by the Department of Education after the TEACH award has been made by the Office of Financial Aid. Please allow 3-5 business days for processing this application.

Both of the above steps, along with this application, must be completed each academic year you are requesting a TEACH Grant funds. Eligibility is based on enrollment and is limited to \$3708 each academic year, with a lifetime limit of \$8,000 for a full-time student.

Please signing the statement below you are indicating your understanding of the conditions of the grant:

I understand, as a recipient of the TEACH Grant, I must agree to serve as a full-time teacher in a high-need field that serves low-income students (as defined by the Department of Education) for at least four academic years within eight calendar years of completing the program of study. I also understand that if I fail or refuse to carry out my teaching obligation, the amounts of the TEACH Grants received are treated as an unsubsidized Direct Loan and must be repaid with interest accruing from the date of grant disbursement(s).

Signature _____ Date _____

This form should be faxed to 216.397.3098, e-mailed to enrollment@jcu.edu, or mailed to John Carroll University, Office of Financial Aid, 1 John Carroll Blvd., University Heights, OH 44118.

If you have questions about completing this form you can call 888-335-6800