

Arkansas State University Financial Aid & Scholarships 2016-17 TEACH Grant Application - Undergraduate

Student name (Last name, first name)			
A-State ID number		Cell phone number	
TO BE COMPLETED BY STUDENT Please read and check each of the following items be	efore signing a	and submitting this form.	
	at applies to your least 3.25 (inclientile on a nation	ou:	
I understand that this grant is intended only for stude teach in low-income schools as determined by the fe			
I understand that I will have to complete an A-State	TEACH Gran	t application each award year that I am e	eligible.
I understand that I will have to complete Entrance C	Counseling for	the TEACH Grant each year that I am el	ligible.
I understand that I will have to sign an Agreement to	Serve for the	TEACH Grant each year that I am eligi	ble.
I understand that if I am not able to meet the conditi Federal Direct Unsubsidized Loan, and interest will which I am responsible for repaying.			
I understand that if I have already been awarded up reduction of my federal subsidized, unsubsidized loa			will result in the
I further understand that in order to prevent the TEACH withdrawal from the program for which the TEACH Gr			loan upon completion or
Serve as a full-time teacher for a least four academic Grant was received; and	c years within	eight calendar years in the subject area f	for which the TEACH
Teach at a school that is designated to be a low-inco	me school bas	ed on the Teacher Cancellation Low Inco	ome Directory.
To be completed by academic advisor			
This student has met the minimum requirements for the	e Praxis I as se	t forth by Arkansas State University:	
YesNo			
This student is admitted into one of the following high-	need fields:		
BSE Mathematics	BSE Mathematics BSE Foreign Language (Spanish or French)		
	BSE Agricul		
BSE Science (Biology, Chemistry, Physics)	_		
	_		
Academic Advisor Name (Printed)		X Academic Advisor Signature	Date
Conditions of the TEACH Grant			
By signing this form, I am certifying that I have read the this form, I am requesting the ASU Office of Financial am eligible, revise my award package to include this grant of the state of the significant content content of the significa	Aid and Schol		
X			
STUDENT SIGNATURE		DATE	