

## Arkansas State University Financial Aid & Scholarships 2018-19 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	nd submitting this form.	
I am eligible to receive the TEACH Grant, based on Indicate with a checkmark the qualification tha My current cumulative GPA is at I I have tested above the 75th perce *Please attach a copy of the test	at applies to you least 3.25 (inclu- ntile on a nation	nding transfer credits), or nally-recognized admissions test	
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 Grant	application each award year that	t I am eligible.
I understand that I will have to complete Entrance Counseling for the TEACH Grant each year that I am eligible.			
I understand that I will have to sign an Agreement to Serve for the TEACH Grant each year that I am eligible.			
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			grant will result in the
I further understand that in order to prevent the TEACH withdrawal from the program for which the TEACH Gr		•	sidized loan upon completion or
Serve as a full-time teacher for a least four academic Grant was received; and	e years within e	ight calendar years in the subjec	et area for which the TEACH
Teach at a school that is designated to be a low-inco	me school base	d on the Teacher Cancellation L	ow Income Directory.
TO BE COMPLETED BY ACADEMIC ADVISOR			
This student has met the minimum requirements for the	e Praxis I as set	forth by Arkansas State Univers	sity:
Yes No			
This student is admitted into one of the following high-	need fields:		
BSE Mathematics	_ BSE Foreign	Language (Spanish or French)	BSE Social Sciences
BSE Art BSE Science (Biology, Chemistry, Physics)	BME Music BSE Special	Education Education K-12	BSE English/Language Arts BSE Middle Childhood
	X		
Academic Advisor Name (Printed)	A	cademic 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 A-State Office of Financi if I am eligible, revise my award package to include this	al Aid and Scho		
X			
TUDENT SIGNATURE		A/DIE	