Arkansas State University
Financial Aid & Scholarships
2012-2013 TEACH Grant Application - Undergraduate

Name (Last Name, First Name, Middle Name/Initial)

ASU ID Number

Phone Number ( )

To be completed by Student

Please check each of the following items before signing and submitting this form.

__ I am eligible to receive the TEACH Grant, based on the following:
   Indicate with a checkmark the qualification that applies to you:
   __ My current cumulative GPA is at least 3.25 (including transfer credits), or
   __ I have tested above the 75th percentile on a nationally-recognized admissions test (ACT, SAT, or GRE).
   (Please attach a copy of the test certification verifying your score was above the 75th percentile.)

__ I understand that this grant is intended only for students who plan to become teachers in a high-need subject field, and who plan to
teach in low-income schools as determined by the federal government or state, which is subject to change.

__ I understand that I will have to complete an ASU TEACH Grant application each award year that I am eligible.

__ I understand that I will have to complete an 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 conditions outlined in the Agreement to Serve, the TEACH Grant will convert to a
Federal Direct Unsubsidized Loan, and interest will be added to the principle from the disbursement date of the TEACH Grant, in
which I am responsible for repaying.

__ I understand that in order to keep the grant from becoming a loan, I must teach for four of the eight years following the completion
of my program, in a high-need subject area, and in a low-income school regardless of the number of years I received the grant.

__ I understand that if I have already been awarded up to my cost of attendance, receiving the TEACH grant will result in the
reduction of my federal subsidized, unsubsidized loan, and/or PLUS loan award.

__ I understand that I am required to serve as a full-time teacher at least four academic years within eight calendar years after I
complete or withdraw from the academic program in which I received the TEACH Grant.

__ I am attaching a copy of my Praxis I scores to this application.

To be completed by Academic Advisor

This student has met the minimum requirements for the Praxis I as set forth by Arkansas State University:

___ Yes  ___ No

This student plans to seek teacher certification in one of the following high-need fields:

___ Mathematics  ___ Foreign Language (Spanish or French)

___ Science (Biology, Chemistry, Physics)  ___ Special Education P-4  ___ Special Education 4-12

Academic Advisor Name (Printed)  Academic Advisor Signature  Date

Conditions of the TEACH Grant

By signing this form, I am certifying that I have read this form and all enclosures thoroughly. I understand by signing and submitting
this form, I am requesting the ASU Office of Financial Aid and Scholarships to determine my eligibility for the TEACH grant and, if I
am eligible, revise my award package to include this grant.

Student Signature  Date

Completion of the TEACH Grant application does not ensure receipt of the grant.
The TEACH Grant amount is prorated based on enrollment.