

TEACH Grant Application 2009-2010
Truman State University

Name: _____ ID#: _____
(Please Print)

Local Address: _____

E-Mail Address: _____ Local Phone: _____

It is recommended you review the TEACH Grant eligibility criteria before submitting an application for funding. The following checklist may help. For more complete explanations of the TEACH Grant program you may refer to fact sheets being provided or the web site at <http://studentaid.ed.gov/PORTALSWebApp/students/english/TEACH.jsp> .

- _____ 2009/10 FAFSA has been filed
- _____ U. S. Citizen or Eligible Non-Citizen
- _____ Scored at 75th percentile on college admissions test/or maintain a cumulative 3.25 GPA
- _____ Have a pre-education major code indicated as part of your student record
- _____ Develop a course plan for your undergraduate and graduate work
- _____ Plan to teach in an identified teacher shortage, high-need field
- _____ Plan to teach in a school serving low-income students (as in ED Directory)

The **annual** TEACH Grant award for full-time students is \$4,000 (reduced to \$3,000 for ¾-time students, \$2,000 for ½-time students, and \$1,000 for less-than-half-time students). Students may receive up to \$16,000 for undergraduate study and up to \$8,000 for graduate study. The TEACH Grant in combination with other student financial assistance may not exceed the cost of attendance at the University.

I would like to apply for a TEACH Grant in the amount of \$_____ for 2009/2010.

Planned enrollment: Fall 2009 _____ credit hours; Spring 2010 _____ credit hours

*Before a TEACH Grant can be disbursed the recipient must receive counseling at the school about the terms of the Grant and sign a “TEACH Grant Agreement to Serve and Promise to Pay” available electronically on a Department of Education Web site. Further information will be sent to you when these steps are to be completed once your Grant is approved.

I verify that the above information is correct and understand if I make any changes it is my responsibility to notify the Financial Aid Office immediately.

Student’s Signature: _____ Date: _____

Submit to: Financial Aid Office, MC103, Truman State University, Kirksville, MO 63501