

Student Name: _____

ROCK ID: P _ _ _ _ _

Complete this form to be considered for the Federal Teacher Education Assistance for College and Higher Education (TEACH) Grant program. The TEACH Grant provides up to \$4,000 per year (up to \$2,000 per semester, based on enrollment - \$16,000 total for 4-year undergraduate programs, \$8,000 total for graduate programs) to students who commit to teach:

1. Full-time in high-need subject areas;
2. For at least four of the first eight calendar years after graduation; and
3. At schools that serve students from low-income families.

For full details/restrictions, go to: <https://studentaid.gov/understand-aid/types/grants/teach>

SECTION I: DEPARTMENT CHAIR SECTION

The student whose name appears on this form is requesting to be reviewed for TEACH Grant funding with the SRU Financial Aid Office. The Department Chair must complete the information below. Without this information, the student's application cannot be processed.

The above-named student has been officially accepted and is currently enrolled in the College of Education in a TEACH Grant-Eligible program at SRU. Check the appropriate box indicating the student is enrolled in the following TEACH Grant-eligible program at SRU:

- ☐ Special Education ((PreK-8 – Early Childhood Education (PreK-4) (dual certification), BSED (Major Code: 1189)
- ☐ Secondary Education – French (K-12), BSED (Major Code: 1228)
- ☐ Secondary Education – Spanish (K-12), BSED (Major Code: 1284)
- ☐ Mathematics (4-8), BSED (Secondary Education – Middle Level) (Major Code: 1233)
- ☐ Science (4-8), BSED (Secondary Education – Middle Level) (Major Code: 1235)
- ☐ Special Education (Major Codes 17, 1192, or 1189)

Department Chair Signature

Date

Print Department Chair Name

Phone

SECTION II: READ AND INITIAL EACH LINE

_____ I completed the 2026-2027 FAFSA (available at www.studentaid.gov)

_____ I am a U.S. citizen or eligible non-citizen

_____ I meet the following academic requirements as specified by the federal TEACH Grant program:

- I have a 3.25 cumulative GPA at a post-secondary institution

_____ I have already completed the 2026-27 TEACH Grant Entrance Counseling online at (www.studentaid.gov). Date TEACH Grant Counseling Completed: ____/____/____

DO NOT SUBMIT THIS APPLICATION UNTIL YOU HAVE COMPLETED THE ONLINE TEACH GRANT ENTRANCE COUNSELING

_____ I will complete the required TEACH Grant Agreement to Serve and Promise to Pay which must be signed each year online at www.studentaid.gov you will be notified by the SRU Financial Aid Office when your Agreement to Serve and Promise to Pay is available for your signature).

_____ I will provide documentation to the U.S. Department of Education that I completed the teaching obligation as required and explained in the TEACH Grant Initial and Subsequent Counseling.

_____ I understand that my TEACH Grant may be prorated based on the hours I enroll.

SECTION III: STUDENT CERTIFICATION

I understand that the TEACH Grant program has specific service obligations that must be met in order for the award to remain as a grant. If the commitment is not fulfilled, the grant is permanently converted to a Federal Direct Unsubsidized Loan with interest calculated from the time of the grant disbursement to be repaid by the recipient. If awarded a TEACH Grant, I will notify the SRU Financial Aid Office immediately if I do not want to receive the TEACH Grant award. I understand that I must reapply each academic year I am requesting a TEACH Grant to be reviewed for processing. If I cancel after a disbursement, I may owe the University for the amount cancelled or reduced.

STUDENT SIGNATURE

DATE

This application provides a summary of the TEACH Grant Program based on the College Cost Reduction and Access Act of 2007. This information is subject to change and is not binding on the Department of Education or SRU.