



Financial Aid Office
 1300 Eagle Road
 St. Davids, PA 19087-3696
 Phone- 610-225-5102
 Fax- 610-225-5651
 Email- finaid@eastern.edu

2024-2025 TEACH Grant Request Form

Student ID	Last Name	First Name
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PLEASE PRINT IN BLACK INK

Eastern University participates in the Teacher Education Assistance for College and Higher Education Grant Program (TEACH Grant). To request a TEACH Grant students must read the information below in its entirety. **Please return this signed form, along with an Educational Plan (on school letterhead) from an advisor/department head who is familiar with your program to the Financial Aid Office. Educational Plans must be signed by an advisor or department head.**

NOTE: Incomplete forms will be returned, which will delay processing.

Determining TEACH Grant Eligibility

- I agree to be a highly qualified teacher and to teach in a low-income elementary or secondary school, as defined by the U.S. Department of Education’s *Low-Income School Directory*- <https://tsa.ed.gov/#/reports>
- I agree to teach in a high need subject area such as:

Mathematics	Foreign language	Reading specialist
Science	Special education	Bilingual education and English language acquisition
- I agree to teach full-time for **at least four years** within eight years of completing each teaching program
- I am academically qualified and maintain a cumulative GPA of 3.25
- I am enrolled in a high need teaching program
- I have completed a TEACH Grant Counseling session at: <https://studentaid.gov/teach-grant-program>
- I have signed an Agreement to Serve at: <https://studentaid.gov/teach-grant-program>
- I understand that there is NO credit for part-time teaching or partial fulfillment of service
- I understand that once the grant becomes a loan, it stays a loan

Please check the following boxes after you have read the statements and sign below:

- I understand that the TEACH Grant is to be used for educational expenses while I am attending Eastern University, and I will use the proceeds from this grant accordingly.
- I also understand that this is a grant **that must be repaid with back interest as a Direct Unsubsidized Loan if I do not:**
 1. Teach in a high need subject area.
 2. Teach in a designated low-income school
 3. Teach full-time for four years within eight-years of completing each teaching program
- I authorize the TEACH Grant funds to be applied to my Eastern University account to pay any and all charges on said account. Any funds remaining after charges are paid will be mailed to me.

Student Signature

Date MM/DD/YYYY

Before submitting to the Financial Aid Office, please make a copy for your records.

OFFICE USE ONLY:	<input type="checkbox"/> GPA	<input type="checkbox"/> ATS	<input type="checkbox"/> TGC
FALL _____	<input type="checkbox"/> FT	<input type="checkbox"/> TT	<input type="checkbox"/> HT
SPRING _____	<input type="checkbox"/> FT	<input type="checkbox"/> TT	<input type="checkbox"/> HT