JOHNS HOPKINS
UNIVERSITY
School of Education

Return to:
Financial Aid Office
6740 Alexander Bell Drive
Suite 110
Columbia, MD 21046
Fax 410-516-9799

REQUEST FOR FEDERAL TEACH GRANT: 2017-2018

Name:	JHU ID:	
Address:		
Home Phone: ( )	Work Phone: ( )	E-mail:
Degree:	Major/Program:	

Please read and initial each line:

_ I have been admitted to the School of Education.

_ I have completed the 2017-2018 FAFSA <www.fafsa.gov>.

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

_ My coursework is necessary to begin/complete a career in teaching in a critical shortage subject area.

_ I understand I must maintain a cumulative GPA of at least 3.25.

_ I understand I must sign a TEACH Grant Service Agreement to Serve to be eligible for the grant.

- I understand that if I don't meet the teaching service requirements, I must repay the grant as a Federal Direct Unsubsidized Loan, with interest accrued from the date the grant funds were disbursed.

- I understand that for each Teach Grant eligible program for which I received TEACH Grant funds, I must serve as a highly-qualified, full-time teacher, in a low-income school <www.tcli.ed.gov>, for a total of at least 4 academic years within 8 calendar years after I complete or withdraw from the academic program for which I received the TEACH grant.

_ I understand I will be required to complete both pre- and post-TEACH Grant counseling sessions online.

_ My certification is in a high-need field. Please check the high-need field that you will teach:

☐ ESOL ☐ Spanish ☐Special ED ☐ Mathematics

☐ Earth/Space ☐ Chemistry ☐ Physics

☐ Other [listed at www.fafsa.gov then link to TEACH Grant] _____(indicate area)

I acknowledge that I am requesting an award for the 2017-2018 academic year:

I have/will enroll (indicate the number of credits for each semester): Summer 17____Fall 17____ Spring 18____
[Award amounts are prorated based on each semester's enrollment status] #credits #credits #credits

_____ _____
Student's Signature Date

TO BE COMPLETED BY ADVISOR BEFORE SUBMISSION OF APPLICATION TO FINANCIAL AID OFFICE

Approved: _____ _____ _____
Advisor's Signature Printed Name Date