## University of Scranton TEACH Grant Student Application 2024-2025 Academic Year

The below steps must be completed prior to the review of your eligibility for a Federal TEACH Grant

- 1. Complete this application
- 2. Complete the Entrance Counseling Requirement
- 3. Complete the Agreement to Serve
- 4. Complete the Student Certification Statement and submit to Education Department

1. Student Information		
Student Name	Royal ID	Date of Birth
Enrollment Plans		
2024 Fall Credits	2025 Spring Cre	edits 2025 Summer Credits
Qualifying TEACH Grant Major- Please indicate the	major(s) that qualify	you for the Federal TEACH Grant
Undergraduate Majors:		
Secondary Education/Biology	Secondary Education/Physics	
Secondary Education/Chemistry	S	econdary Education/Spanish
Secondary Education/French	E	arly and Primary Teacher Education
Secondary Education/German	Middle Level Teacher Education	
Secondary Education/Mathematics		
Have a Cumulative GPA of at least 3.25 on a College Students, Transfers, & Graduate Scarching Plans  Please use the space provided below to explain how y	chool (College(s) C	GPA)
List three potential Title I currently qualifying school least one school not located in your home state:	s where you may sat	risfy your teaching requirements with at
School Name	State	County
School Name	State	County
School Name	State	County

2. Entrance Counseling Requireme	nts			
Visit <u>studentaid.gov/teach-grant-progra</u> information:	am to complete your Entrance Cou	inseling and complete the below		
Date Entrance Counseling Completed				
3. Agreement to Serve				
Visit <u>studentaid.gov/teach-grant-program</u> to complete the online Agreement to Serve and complete the below information:				
Date Agreement to Serve Completed				
4. Student Certification Statement				
I acknowledge and understand the init University of Scranton for receipt of the award for future academic terms. Also Agreement to Serve and that if I fail to Grant, including interest from the date Student Loan.	he Federal TEACH Grant and the o, I understand the teaching request meet the full conditions, the fu	ne conditions for renewal of the uirements as outlined in the unds received through the TEACH		
Student Signature	Date			
 Please take to the Office of Student Services and Advisin				
Academic Recommendation from E	ducation Department Use On	Jy		
Name of Advisor (Please print)	Signature	Date		
 Financial Aid Use Only				
Financial Aid Counselor	Signature	 Date		