UNIVERSITY of VIRGINIA
STUDENT FINANCIAL SERVICES
Financial Aid

P.O. Box 400204, Carruthers Hall, Charlottesville, VA 22904-4204
Telephone: (434) 982-6000, Fax: (434) 924-7636
Website: http://sfs.virginia.edu E-mail: sfs@virginia.edu

TEACH

TEACH Grant Request Form 2017-2018

Student's Full Name: _____
(LEGAL NAME – PRINT LEGIBLY) *first* *middle* *last*

University ID: ☐☐☐☐-☐☐☐☐☐ **or SIS ID:** ☐☐☐☐☐☐☐

To receive a TEACH Grant you must each of the following:

- Complete the Free Application for Federal Student Aid (FAFSA), although you do not need to demonstrate financial need.
- Meet the eligibility requirements for federal student aid which can be found online at http://sfs.virginia.edu/grad/eligibility.
- Be enrolled as an undergraduate or graduate student in the **Curry School of Education** in one of the following TEACH-eligible degree programs:
  - Five-year Teacher Education Program (Bachelor/Master of Teaching dual degree) OR
  - Post graduate Master's program (PGMT)

  ****with a concentration in Special Education, Math, Science, Foreign Language, Reading Instruction, or another high-need field in Virginia included in the US Department of Education's annual *Teacher Shortage Area Nationwide Listing* (www.ed.gov/about/offices/list/ope/pol/tsa.doc)****
- Meet one of the following academic achievement requirements:
  - Score above the 75th percentile on one or more portions of the SAT, ACT, or GRE, OR
  - Have and maintain a cumulative GPA of at least 3.25 (on a 4.0 scale) on college coursework.
- Complete TEACH Grant counseling and a TEACH Grant Agreement to Serve (both found online at https://studentloans.gov/myDirectLoan/launchTeach.action) each year that you receive a TEACH Grant. These forms review the terms and conditions of the TEACH Grant service obligation and confirm your continuing intention to meet the teaching obligation.

Are you currently a teacher? __ Yes __ No **Are you a former teacher? __ Yes __ No**
(Note: Do not answer "yes" if your only experience teaching is as a student teacher.)

STUDENT'S SIGNATURE: _____ **Date:** _____

By signing above, I certify that I wish to be considered for the TEACH Grant for 2017-2018.