



Return to: Office of Financial Aid
P.O. Box 6804 GH-146 Fullerton,
CA 92834-6804

Enter Student's
CWID Here:

TEACH GRANT REQUIREMENT CERTIFICATION FORM (2024-2025)

PRINT CLEARLY AND USE BLACK INK

Appeal Deadlines: **November 22** if attending Fall only | **April 18** if attending Academic Year

INSTRUCTIONS:

To request a TEACH Grant, read and complete the following form. Please return this signed form to the Financial Aid Office. *Incomplete documents will not be returned. They will be disposed of in a secure manner, per university policy. This will delay processing.*

I am academically qualified and maintain a GPA of 3.25 **OR** I have tested above the 75th percentile on a nationally recognized college admissions test such as the ACT, SAT, or GRE (attach a copy of your test score) **OR** I am a current teacher or retiree (in a high-need field), enrolled in a TEACH Grant eligible program. I understand that my GPA will be reviewed each semester, prior to disbursement of TEACH Grant funds.

I have filed a FAFSA for the 2024-2025 award year at CSU, Fullerton. I understand I must meet the Federal definition of an "eligible student" to receive this grant.

I intend 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," which can be accessed at <https://studentloans.gov/myDirectLoan/tcli.action>.

I intend to teach in one of the designated high-need subject areas such as: Mathematics, Foreign Language, Science, Special Education, or Multiple Subject Programs.

I understand that I must complete the initial TEACH grant Counseling at <https://studentaid.gov/teach-grant-program>. I completed this counseling on: _____.

I understand that I must complete the Agreement to Serve (ATS) at <https://studentaid.gov/teach-grant-program>. I completed the Agreement to Serve on: _____.

I understand that if I am not able to meet the conditions of the grant outlined in the Agreement to Serve, the TEACH Grant will be converted to a Federal Direct Unsubsidized Loan, and the interest will be calculated back to the date of the initial grant disbursement.

I understand that in order to keep the TEACH Grant from becoming a loan, I must teach full-time for four of the eight years following the completion of my program in a high-need subject area and in a low-income school –regardless of the number of years I received the grant. If I fail to meet this requirement, my grant will become a loan. (NOTE: There is NO EXCEPTION or CREDIT given for part-time teaching or partial fulfillment of service).

I understand that if my grant is converted to a loan – it will remain a loan.

I understand that federal regulations require a student who has received a TEACH Grant to complete a TEACH Grant Exit Counseling session upon withdrawal from, or completion of, his/her program of study.

I am requesting CSU, Fullerton Office of Financial Aid to determine my eligibility for the TEACH Grant, and if I am eligible, to revise my award package to include this grant.

I am a current undergraduate student with an interest in pursuing a career in a high-need teaching field. I have sought advising from the CSUF College of Education regarding the various pathways available to me.

(If checked, please continue to Page 2)

CERTIFICATION:

By signing this form, I certify that all of the information reported on this form and any attachments hereto is true, complete and accurate. I agree to provide additional proof of the information I have reported, if requested to do so. I also certify that I have read the terms and conditions section of the CSU Fullerton, Financial Aid website (<http://www.fullerton.edu/financialaid/info/Terms.php>)

Signature is required.

Student's Signature: _____ Date: _____

Print Student's Name: _____ CWID _____

***Warning:** If you give false or misleading information on documents submitted to the Office of Financial Aid, you may be fined, be sentenced to jail or both.



CALIFORNIA STATE UNIVERSITY
FULLERTON

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Continued from Page 1

Please complete this section ONLY if you are an undergraduate student applying for the TEACH Grant. If you are a Credential or Master's student please refrain from filling out this section.

CERTIFICATION:

By signing this form, I certify that the student has received advising regarding the available pathways to becoming a high-need field teacher. **Signature Required from CSUF College of Education** (wet/stylus signature only).

Student's Name: _____ CWID: _____

College of Education Advisor Name: _____

College of of Education Signature: _____ Date: _____