

ANGELO STATE UNIVERSITY  
COLLEGE OF EDUCATION  
Teacher Education Assistance for College and Higher  
Education (TEACH) Grant



Application Form

PRINT CLEARLY IN ALL FIELDS

CAMPUS ID  
NUMBER \_\_\_\_\_

DATE \_\_\_\_\_

Name of ☐ Mr.  
Applicant ☐ Ms.

\_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Other names which may appear on  
academic record

Permanent Mailing  
Address

\_\_\_\_\_  
Number & Street, P.O. Box, etc.

\_\_\_\_\_  
Area Code & Phone Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State ZIP Code

Email Address \_\_\_\_\_

**DISCLOSURE STATEMENT:**

*The grantee must complete four years of full-time teaching within an eight-year period. Additionally, the teaching service obligation must take place in a public or nonprofit elementary or secondary school that is eligible for assistance under Title I of the Elementary and Secondary Education Act, as provided in section 465(a)(2) of the Higher Education Act. At the completion of each year, the grantee must submit to the U.S. Department of Education verification of his or her employment.*

*If the grantee does not complete the service obligation or decides during the undergraduate or graduate program that he or she does not want to continue, the grant converts to a Federal Direct Unsubsidized Stafford Loan that the student must pay back. The final regulations for the TEACH Grants allow for a six-month grace period between when a student's grant converts into a loan and when he or she must start paying it back. Interest on the loan starts accruing from the date grant funds were first disbursed.*

**PROGRAM INFORMATION**

☐ Undergraduate Student

☐ Graduate Student

Degree Program: \_\_\_\_\_

Certification Option(s): \_\_\_\_\_

Date Accepted into the Educator Preparation Program (EPP): \_\_\_\_\_

Declared/Intended Shortage Field (mark one of the following):

☐ Bilingual Education & English Language Acquisition

☐ Reading Specialist

☐ Special Education

☐ Foreign Language \_\_\_\_\_

☐ Science

☐ Mathematics

- ☐ Other teacher shortage areas\* documented as high-needs by the Federal government, State government, or a local education agency, approved by the U.S. Department of Education.

\*Must Specify \_\_\_\_\_

**UNDERGRADUATE STUDENTS MUST MEET ONE OF THE FOLLOWING ELIGIBILITY REQUIREMENTS:**

- ☐ Score above the 75<sup>th</sup> percentile on a college admissions test (SAT/ACT); or
- ☐ Graduate from high school with a cumulative GPA of at least 3.25 (on a 4.0 scale) to receive a grant as a freshmen; or
- ☐ Have a cumulative GPA of at least 3.25 (on a 4.0 scale) on all college coursework to receive a grant for each subsequent term (a GPA of at least 3.25 must be maintained)

**GRADUATE STUDENTS MUST MEET ONE OF THE FOLLOWING ELIGIBILITY REQUIREMENTS:**

- ☐ Score above the 75<sup>th</sup> percentile on a college admissions test (SAT/ACT/GRE); or
- ☐ Have an undergraduate cumulative GPA of at least 3.25 (on a 4.0 scale) to receive a grant in the first term; or
- ☐ Have a cumulative GPA of at least 3.25 (on a 4.0 scale) through the most recent term in the Master's degree program; or
- ☐ Be a current teacher or be a retiree from another occupation with expertise in a high-needs field, enrolled in a Master's degree program; or
- ☐ Be a former teacher pursuing an alternative route to certification within a Master's degree program

**DOCUMENTS THAT MUST BE ATTACHED:**

- Confirmation of completed FAFSA
- Verification of eligibility requirement selected above

**PLEASE RETURN COMPLETED APPLICATION TO:**  
ANGELO STATE UNIVERSITY  
TEACHER EDUCATION OFFICE  
CARR #145

*The information given in this application is to be used for consideration for an Angelo State University TEACH Grant and is correct to the best of my knowledge. I also understand and agree that the decision made on my application by the University will be final and that all application materials submitted shall become the property of Angelo State University.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

The applicant has completed TEACH Grant Initial Counseling.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- ☐ Head, Department of Curriculum & Instruction
- ☐ Head, Department of Kinesiology
- ☐ Head, Department of Teacher Education

**Prepare One Original:**

1 Original – Financial Aid Office  
1 Copy – Department  
1 Copy – Student