

**JOHNS HOPKINS UNIVERSITY – SCHOOL OF  
EDUCATION REQUEST FOR FEDERAL TEACH GRANT:  
2020-2021**

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

Please **INITIAL** after carefully reading each line.

\_\_\_\_\_ I have been admitted to the School of Education.

\_\_\_\_\_ I have completed the 2020-2021 FAFSA <[www.fafsa.gov](http://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](http://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](http://www.fafsa.gov) then link to TEACH Grant] \_\_\_\_\_ (indicate area)

\_\_\_\_\_ I acknowledge that I am requesting an award for the 2020-2021 academic year.

\_\_\_\_\_ I have/will enroll in the **number of credits listed below** and understand that award amounts are prorated based on each semester's enrollment status.

**Summer 2020:** \_\_\_\_\_ credits    **Fall 2020:** \_\_\_\_\_ credits    **Spring 2021:** \_\_\_\_\_ credits

\_\_\_\_\_ Student's Signature

\_\_\_\_\_ Date

***ONCE COMPLETED, PLEASE SUBMIT THIS FORM TO YOUR ACADEMIC ADVISOR FOR APPROVAL***

<b>ACADEMIC ADVISOR APPROVAL</b>		
Approved: _____	_____	_____
Advisor's Signature	Printed Name	Date

<b>ACADEMIC PROGRAM APPROVAL</b>		
Approved: _____	_____	_____
Program Administrator's Signature	Printed Name	Date