

**JOHNS HOPKINS UNIVERSITY – SCHOOL OF EDUCATION
REQUEST FOR FEDERAL TEACH GRANT 2022-23:**

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 2022-23 FAFSA <www.studentaid.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>, 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 then link to TEACH Grant] _____ (indicate area)

_____ I acknowledge that I am requesting an award for the 2022-23 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 2022: _____ credits **Fall 2022:** _____ credits **Spring 2023:** _____ credits

_____ Student's Signature

_____ Date

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

ACADEMIC ADVISOR APPROVAL

Approved: _____

_____ Advisor's Signature	_____ Printed Name	_____ Date
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ACADEMIC PROGRAM APPROVAL

Approved: _____

_____ Program Administrator's Signature	_____ Printed Name	_____ Date
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