

**2023-24 Teacher Education Assistance for College and Higher Education (TEACH)  
Grant Application**

Name: \_\_\_\_\_ JHU ID: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Degree: \_\_\_\_\_ Major/Program: \_\_\_\_\_

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

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

\_\_\_\_\_ I have completed the 2023-24 FAFSA at [www.studentaid.gov](http://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 do not 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](#), 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 \_\_\_\_\_ Earth/Space \_\_\_\_\_

Spanish \_\_\_\_\_ Chemistry \_\_\_\_\_

Special ED \_\_\_\_\_ Physics \_\_\_\_\_

Mathematics \_\_\_\_\_

Other High-Need Field or [Teacher Shortage Area](#): \_\_\_\_\_

\_\_\_\_\_ I acknowledge that I am requesting an award for the 2023-24 academic year.

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

**Summer 2023 credits:** \_\_\_\_\_ **Fall 2023 credits:** \_\_\_\_\_ **Spring 2024 credits:** \_\_\_\_\_

\_\_\_\_\_  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**ACADEMIC ADVISOR APPROVAL**

Approved: \_\_\_\_\_  
Advisor's Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**ACADEMIC PROGRAM APPROVAL**

Approved: \_\_\_\_\_  
Administrator's Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_ Program \_\_\_\_\_