JOHNS HOPKINS UNIVERSITY

2025-2026 Teacher Education Assistance for College and Higher Education (TEACH) Grant Application

Name:_____ JHU ID:_____

Email:_____ Degree/Major/Program: _____

Eligibility requirements: Check all that apply *(please be prepared to provide documentation to the Financial Aid Office if requested)*:

- ☐ I achieved a post-secondary/undergraduate cumulative 3.25 GPA
- ☐ I scored above the 75th percentile on one or more portions (math, verbal, etc.) of a national, standardized post-secondary admission test (ACT/SAT/GRE)
- ☐ I am a current or former teacher or retiree from another occupation

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

_____ I have been admitted to the School of Education.

_____ I have completed the 2025-26 FAFSA at www.studentaid.gov.

_____ I am a U.S. citizen or eligible non-citizen.

_____ I understand I must maintain a cumulative GPA of at least 3.25.

_____ I understand I must sign a TEACH Grant Agreement to Serve to be eligible for the grant.

_____ I understand I will be required to complete both pre- and post-TEACH Grant counseling sessions online.

_____ 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.

_____ My coursework is necessary to begin/complete a career in teaching in a critical shortage subject area.

_____ 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 2025-26 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 2025 credits: _____ **Fall 2025 credits**: _____ **Spring 2026 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: _____ _____ _____

Program Administrator Signature Printed Name Date