Phone: 607-777-2428 Fax: 607-777-6897

TEACH Grant Request for Review

Student Name: ______ B-Number: _____

FAFSA: Entrance Counseling:	(<i>TCHENT</i>) Agreement to Serve: Teach Grant Request for Review:	
Please indicate the date in which the following were co	ompleted:	
Signature:	Date:	
Binghamton University Financial Aid Coun	nselor:	
I have discussed the following with the above named s ✓ that if s/he does not fulfil the requirements of the an Unsubsidized Federal Direct Student Loan ✓ the affect that the TEACH funding will have on ✓ that once the grant is converted to a loan, it cathe how to contact the Department of Education for meet the terms of the TEACH grant.	he Agreement to Serve, s/he will be required to with interest accrued and capitalized from the nother financial aid, an't be converted back to a grant, and	time of disbursement,
The financial aid counselor will verify that you have financial aid package to include the TEACH Grant. To be completed in person with a Financial	All steps must be completed before yo	ou will be awarded
☐ I have completed the student portion of the Fina counselor to discuss the <i>consequences of not c</i>	· · · · · · · · · · · · · · · · · · ·	a financial aid
☐ I have completed the student portion of the Aca Department of Teaching, Learning and Education		esentative in the
☐ I have completed the TEACH Grant Agreemen		
I have completed the TEACH Grant Entrance (Counseling at https://studentaid.gov/app/laur	nchTeach.action
I have completed the Free Application for Fed the TEACH Grant.	leral Student Aid (FAFSA) for the academic	year I wish to receive
Before our office can review your eligibility. ☐ I have reviewed the TEACH Grant policies on he aid/grants/teach-grant.html	-	ypes-of-
considered for and awarded the TEACH Grant. You TEACH Grant.	, , ,	u wish to receive the
The following instructions and checklist should help		
At Binghamton University, only graduate level prog are eligible, but the maximum grant will be reduced		Part-time students
The Teacher Education Assistance for College and \$4,000 per year in grants for students who intend to years at schools that serve students from low-incorporate to the students of the students from the serve students from t	o teach full-time in high-need subject area	

Student Name: _	B-Number:

Academic Eligibility

To be completed by a representative from the Department of Teaching, Learning and Educational Leadership Academic B, Room 133:

To be completed by the Student: By signing below, I certify that I understand that in order to receive TEACH funding, I must be enrolled in an eligible graduate program, as determined by Binghamton University, which will prepare me to teach as a highly qualified, full-time teacher in a high-need subject area for at least four years at a school serving low-income students. My signature on this form confirms my intention of receiving the TEACH Grant, which may become a loan as described above if I do not fulfill all federal requirements as determined by the U.S. Department of Education. I also confirm that the decision to accept the TEACH Grant is my own: if I do not agree to the fulfillment
The student has achieved a 3.25 cumulative GPA (on a 4.0) scale on college coursework. The student must maintain this GPA during his/her enrollment in the program. Please indicate the student's most recently calculated GPA. Semester: GPA: GPA: I have discussed the following with the above named student: S/he will be obligated to be a highly-qualified, full-time teacher in a high-need subject area at a school serving low-income students, S/he must complete the four years of teaching within eight years of finishing the program for which the grant was received, the definition of a Highly-Qualified Teacher according to federal law, and the definition of "high-need" subject areas, as defined by the Department of Education. Department of Teaching, Learning and Educational Leadership representative: Signature: Date: Date: To be completed by the Student: By signing below, I certify that I understand that in order to receive TEACH funding, I must be enrolled in an eligible graduate program, as determined by Binghamton University, which will prepare me to teach as a highly qualified, full-time teacher in a high-need subject area for at least four years at a school serving low-income students. My signature on this form confirms my intention of receiving the TEACH Grant, which may become a loan as described above if I do not fulfill all federal requirements as determined by the U.S. Department of Education. I also confirm that the decision to accept the TEACH Grant is my own: if I do not agree to the fulfillment
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University Financial Aid Office.
Student Signature: Date:

Return this form to Financial Aid & Student Records

Code: TCHREQ