NOTRE DAME OF MARYLAND UNIVERSITY

Office Use Only

Office of Financial Aid

2019-2020 Teach Grant Application

Full Legal Name: _____

SSN (last four digits): ___ ___ ___ ___ Phone Number: _____

If eligible, you will be awarded the Teach Grant for all semesters in which you are eligible within the academic year, up to the maximum amount.

Please select your program from the following:

Graduate Track	Undergraduate Track 1	Undergraduate Track 2	Combined Track
☐ MA.LDT	☐ BA.LSE.ECE	☐ Secondary Education Certificate in Biology	☐ BA/MAT
☐ MA.TCH	☐ BA.LSE.ELE	☐ Secondary Education Certificate in Chemistry	
☐ MA.TESOL	☐ BA.LSE.ESOL	☐ Secondary Education Certificate in Language (French/Spanish)	
☐ MA.LDSP	☐ BA.LSE.SPE	☐ Secondary Education Certificate in Mathematics	

Advisors per program:

- Megan Bowen (410)532-5350 ~MA.TCH, MATESOL~
- Donna Schissler (410)532-5138 ~MA.LDT, MA.LDSP~
- Carol Rabin (410)532-5149 ~MA.TCH (GEI cohort)~
- Karen Wooten (301)737-2500x305 ~MA.TCH (Southern MD Campus)~
- Kathleen Sipes (410)532-5824 ~All Undergrad Advising~

Certification of Eligibility (Completed by Student):

I certify that I meet or will meet the student eligibility requirements as follows **(initial each)**:

_____I have completed the 2019-2020 FAFSA.
_____I am a U.S. Citizen or Eligible Non-Citizen.
_____I am enrolled as an undergraduate or graduate student pursuing one of the approved programs.
_____I am enrolled in coursework that is necessary to begin a career in teaching or plan to complete such coursework
_____I meet the following academic requirements; scored above the 75th percentile on the SAT/ACT/GRE (using ranking from an accredited agency) **OR** maintained a cumulative GPA of 3.25 out of 4.0 **OR** am currently employed as a teacher or am a retired teacher (only applies to students pursuing approved graduate programs). Proof required.
_____I have completed TEACH Grant Initial Counseling at https://teach-ats.ed.gov/ats/studentHome.action (must repeat each year)
_____I have signed a TEACH Grant Agreement to serve at https://teach-ats.ed.gov/ats/studentHome.action (must repeat each year)
_____I will teach for at least 4 years in a school serving low-income students in a high need subject area (See annual directory at www.tcli.ed.gov/CBSWebApp/tcli/TCLIPubSchoolSearch.jsp)
_____I will provide documentation to the US Department of Education that I completed the training obligation and this will be certified by the elementary or secondary schools chief administrative officer after 4 academic years of teaching service.
_____I met/talked with my academic advisor _____ on _____ and discussed Title I schools.
Name Date

By signing this form, I certify that the above information is true. I also certify that I have read all the information in the TEACH Grant counseling in entirety and I understand the guidelines of the TEACH grant. I understand that failing to comply with any part of the service agreement will cause my TEACH Grant to be converted into an Unsubsidized loan and that it will begin accruing interest from the date the grant was first disbursed.

Student Signature: _____ Date: _____

****Do not submit this form until you have completed all the above steps****