



SPRING 2016 GSU TEACH GRANT APPLICATION

Student Name:		CSILID	#	_ Last 4 digits of SS#:	
Please Print	Last	First	п		
Permanent Home Addr	ess:				
	City		State	Zip Code	
Student's Date of Birth:	:	Home Phone #:		Cell #:	
Email Address:					
(Check one)	Und	ergraduate 🔲 Graduate	е		
Hours of enrollmen	t				
to \$4,000.00 a year to u full-time "highly qualifi serve students from lov	indergraduate, j led" teachers in w-income famili cumulative GPA	post-baccalaureate, and gradu high-need fields in public or n es. The basic eligibility criteri	ate students who a ot-for-profit priva a are to complete	ogram was created to provide g agree to serve for at least four y te elementary or secondary sch a FAFSA, be a U.S. citizen or elig Serve (ATS). You can find the l	ears as ools that ible
graduation should cons secondary school that i	sider this grant. s eligible for Tit vill convert to an	This teaching obligation must le 1 assistance. If the four yea	t be completed in a r teaching obligati	in a designated low-income sch a public or nonprofit elementary ion is not met within eight years I with interest calculated back t	or of
				m that you have been admitted are that you are meeting the req	
			GS	U Program	

Before making your decision to participate in this program *please visit studentaid.gov to learn more about the program at:* https://studentaid.ed.gov/types/grants-scholarships/teach

If you are interested in receiving this grant, please return this form to:

The Office of Financial Aid Governors State University 1 University Parkway University Park, IL 60484 Office: (708)534-4480 Fax: (708)534-1172