



## **SUMMER 2016 GSU TEACH GRANT APPLICATION**

Charles Name		CCH ID	1	I A 3:: CCC#	
Student Name: Please Print	 Last	GSU ID <del>7</del> First	‡	_ Last 4 digits of SS#:	
Permanent Home Addre					
	City		State	Zip Code	
Student's Date of Birth:		Home Phone #:		Cell #:	
Email Address:					
(Check one)	Und	ergraduate 🔲 Graduate			
Hours of enrollment	ţ				
to \$4,000.00 a year to u full-time "highly qualific serve students from low	ndergraduate, ped" teachers in v-income famili umulative GPA	post-baccalaureate, and gradua high-need fields in public or no es. The basic eligibility criteria	nte students who ot-for-profit priva n are to complete	ogram was created to provide grant agree to serve for at least four years te elementary or secondary schools a FAFSA, be a U.S. citizen or eligible Serve (ATS). You can find the link to	as that
graduation should consi secondary school that is	ider this grant. s eligible for Tit ill convert to ar	This teaching obligation must le 1 assistance. If the four year	be completed in a teaching obligat	in a designated low-income school a public or nonprofit elementary or ion is not met within eight years of d with interest calculated back to the	•
				um that you have been admitted into ure that you are meeting the require	
ominati di			GS	U Program	

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

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