

Office of Financial Aid University Park, IL 60484 708.534.4480 Fax: 708.534.1172

Fax: 708.534.1172 www.govst.edu/finaid

## 2016 - 2017 GSU TEACH GRANT APPLICATION

| Student Name:   |  | GSU I  | D#   | Last 4 digits of SS#:   |                                    |
|---|--|--|--|---|------------------------------------|
| (Please Print)  | Last   | First  |  |   |                                    |
| Permanent Home Addre  | ess:   |  |  |   |                                    |
|   | City   |  | State  | Zip Code  |                                    |
| Student's Date of Birth:  |  | Home Phone #:  |  | Cell #:   |                                    |
| Email Address:  |  |  |  |   |                                    |
| (Check one)   | Undergr  | aduate 🗌 Gradu   | ate  |   |                                    |
|   | Seme   | ster(s) Requested (  | <u>check all that</u>                                    | apply)  |                                    |
|   | ☐ Fall 2016  | $\square$ Spring 20  | $\Box$ 17 $\Box$ S                                       | ummer 2017  |                                    |
|   |  |  |  |   |                                    |
| Hours of enrollment   | <u>.</u>   |  |  |   |                                    |
| to \$4,000.00 a year to un<br>full-time "highly qualifie<br>serve students from low | ndergraduate, post-<br>ed" teachers in high<br>r-income families. T<br>umulative GPA of 3. | baccalaureate, and gradeneed fields in public or<br>he basic eligibility crite | duate students v<br>not-for-profit p<br>eria are to comp | nt Program was created to provide gran<br>who agree to serve for at least four year<br>private elementary or secondary school<br>lete a FAFSA, be a U.S. citizen or eligible<br>t to Serve (ATS). You can find the link | rs as <sup>-</sup><br>ls that<br>e |
| graduation should consi<br>secondary school that is                                 | der this grant. This<br>eligible for Title 1<br>ll convert to an uns                       | s teaching obligation mu<br>assistance. If the four y                          | ust be complete<br>ear teaching ob                       | oject in a designated low-income schood in a public or nonprofit elementary or igation is not met within eight years of epaid with interest calculated back to the  | r<br>f                             |
| Keep in mind that your (  |  |  |  | ogram that you have been admitted int<br>ensure that you are meeting the requir   |                                    |
| standard.   |  |  |  | GSU 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