



FALL 2015 GSU TEACH GRANT APPLICATION

C. I .N		CCH ID #		I 4 1: :
Student Name: Please Print	 Last	GSU ID #_ First		Last 4 digits of SS#:
Permanent Home A				
	City		State	Zip Code
Student's Date of Bi	rth:	Home Phone #:		Cell #:
Email Address:				
(Check one)	Und	ergraduate Graduate		
Hours of enrollm	ient			
to \$4,000.00 a year full-time "highly qua- serve students from	to undergraduate, p alified" teachers in 1 low-income famili n a cumulative GPA	post-baccalaureate, and graduat high-need fields in public or not es. The basic eligibility criteria	te students who a t-for-profit privat are to complete a	ogram was created to provide grants up agree to serve for at least four years as te elementary or secondary schools tha a FAFSA, be a U.S. citizen or eligible Serve (ATS). You can find the link for
graduation should of secondary school th	consider this grant. Lat is eligible for Tit Int will convert to ar	This teaching obligation must be le 1 assistance. If the four year	oe completed in a teaching obligati	in a designated low-income school upo a public or nonprofit elementary or ion is not met within eight years of I with interest calculated back to the
				m that you have been admitted into. are that you are meeting the required
			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