

Teacher Education Assistance for College and Higher Education (TEACH) Grant Program 2023-2024 Academic Year



Submit to:
Financial Aid and Scholarship Office Swen
Parson Hall 245
DeKalb, IL 60115

NIU STUDENT INFORMATION:

Name _____
Last Name First MI Z-ID _____

Major _____ Certification Area(s): _____

FINANCIAL AID CERTIFICATION:

I have read and understand the requirements of the Federal TEACH Grant as outlined in the Agreement to Serve or Repay. I am aware that this award is contingent upon maintaining enrollment in a "high need" teaching area, and meeting the academic requirements of the grant program. In addition, I understand that I am required to meet the teaching service requirements of the grant program as described in the Agreement to Serve or Repay. If the service requirement is not met, the full amount of the TEACH grant must be repaid with interest as a Federal Direct Unsubsidized Loan.

If you understand and agree to the terms outlined in the Agreement to Serve or Repay (Agreement) and have completed initial TEACH counseling online. Please print this form and sign below, electronic signatures will not be accepted.

Student Signature: _____ Date: _____

NOTE: Electronic signatures will not be accepted

ACADEMIC AUTHORIZATION:

By signing below, I certify that the student listed above is enrolled in, and seeking teacher certification at Northern Illinois University in the following high need field:

- Bilingual Education/English Language Acquisition
- Mathematics
- Science
- Foreign Language
- Reading Specialist
- Special Education

Academic Official's Signature _____ Date _____

Printed Academic Official's Name _____ Phone Number _____

FINANCIAL AID CERTIFICATION:

The student named above has read and understands the requirements of the Federal TEACH Grant as outlined in the 2023-2024 TEACH Agreement to Serve or Repay, and has completed initial 2023-2024 TEACH Entrance Counseling.

Financial Aid Staff Signature: _____ Date: _____

FA Teach Grant 10/22