Teacher Education Assistance for College and Higher Education (TEACH) Grant Program 2026-2027 Academic Year



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

NIU STUDENT INFORMATION:		
Name Last Name	First	Z-ID MI
Major	Certificati	on Area(s):
FINANCIAL AID CERTIFICATION:		
I have read and understand the requirements of the Repay. I am aware that this award is contingent up the academic requirements of the grant program. The requirements of the grant program as described in met, the full amount of the TEACH grant must be in	pon maintaining enrollmo In addition, I understand In the Agreement to Serve	ent in a "high need" teaching area, and mee I that I am required to meet the teaching ser e or Repay. If the service requirement is not
If you understand and agree to the terms outlined initial TEACH counseling online. Please print this		
Student Signature:	· · · · · · · · · · · · · · · · · · ·	Date:
NOTE: Electronic signatures will not b	e accepted	
By signing below, I certify that the student listed al University in the following high need field: Bilingual Education/English Language Acquathematics Science Other High Need Field:	uisition [seeking teacher certification at Northern Illin □ Foreign Language □ Reading Specialist □ Special Education
Academic Official's Signature		Date
Printed Academic Official's Name	Pho	one Number
FINANCIAL AID CERTIFICATION:		
The student named above has read and underst 2026-2027 TEACH Agreement to Serve or Repay		
Financial Aid Staff Signature:		Date:
EA Teach Grant 00/25		