

# Teacher Education Assistance for College and Higher Education (TEACH) Grant Program 2025-2026 Academic Year



NORTHERN ILLINOIS UNIVERSITY

Financial Aid and Scholarship Office

Your Future. Our Focus.

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

## NIU STUDENT INFORMATION:

Name \_\_\_\_\_ Z-ID \_\_\_\_\_  
Last Name First MI

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:

- |   |   |
|---|---|
| <input type="checkbox"/> Bilingual Education/English Language Acquisition | <input type="checkbox"/> Foreign Language   |
| <input type="checkbox"/> Mathematics                                      | <input type="checkbox"/> Reading Specialist |
| <input type="checkbox"/> Science  | <input type="checkbox"/> 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 2025-2026 TEACH Agreement to Serve or Repay, and has completed initial 2025-2026 TEACH Entrance Counseling.

Financial Aid Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FA Teach Grant 10/24