Holy Names University

TEACH GRANT Agreement

I am interested in the TEACH Grant. I have received a TEACH Grant packet, and I have completed my Initial and Subsequent counseling and my Agreement to Serve online.

I understand that in exchange for receiving a TEACH Grant, I must agree to serve as a full-time teacher in a high-need field in a public or private elementary or secondary school that serves low-income students. As a recipient of a TEACH Grant, I must teach for at least four academic years within eight calendar years of completing the program of study for which I received a TEACH Grant.

I do understand that if I fail to complete this service obligation, all amounts of TEACH Grants that I received will be converted to a Federal Direct Unsubsidized Stafford Loan. I must repay this loan to the U.S. Department of Education. I will be charged interest from the date the grant(s) were disbursed. I also understand that as a TEACH Grant recipient I will be given a 6-month grace period prior to entering repayment if my TEACH Grant is converted to a Direct Unsubsidized Loan.

I meet the Student Eligibility Requirements, and understand the conditions of this grant.

_____	_____	_____
Name	Signature	Date

RETURN COMPLETED FORM TO THE FINANCIAL AID OFFICE AT HOLY NAMES UNIVERSITY

For Office Use Only

SSN_____ FAFSA Completed ___ Cit. Stat. ___ Enrolled in Teaching Coursework _____

Cum. GPA (3.25 and up) Fall _____ Spring _____

<u>On-line</u>: Annual - Initial and Subsequent Counseling Complete_____ ATS Complete _____

One-on-One Counseling _____ Processed by _____ Date_____