



Student Last Name	Student First Name
OASIS Student ID (000-000-000)	For Financial Aid Office Use Only

2022 - 2023 TEACH Grant Request

The Teacher Education Assistance for College and Higher Education (TEACH) Grant is available to students who are completing, or intend to complete, coursework to begin a career in teaching and who agree to serve for a minimum of four years as a full time, highly qualified, high need field teacher in a designated field.

Please review the TEACH Grant criteria below and determine your eligibility for this grant. Federal regulations mandate you must meet the criteria listed below to qualify for a TEACH Grant.

TEACH Grant Criteria

Please read each statement below and initial for each statement	Student Initials
As of today, I have completed a 2022-2023 FAFSA.	
I agree to teach full time in one of the designated high-need subject areas at a low-income elementary or secondary school. High-need fields designated by Federal regulations are: Foreign language, math, science, special education, reading specialist, bilingual education, and English acquisition.	
I understand that I must complete and attach the online TEACH Grant Counseling AND the agreement to Serve (ATS) at https://studentloans.gov/myDirectLoan/launchTeach.action before receiving any TEACH grant funds.	
I am a U.S. Citizen or eligible non-citizen.	
I understand that I must complete EXIT Counseling once I complete or withdraw from the TEACH Grant eligible program at CSUMB.	

Additional Information

I am currently enrolled in the following academic program at CSUMB: _____
I am maintaining at least a 3.25 cumulative GPA: Yes No
I will be enrolled in _____ units during Fall 2022
I will be enrolled in _____ units during Spring 2023

Annual Amount

Eligibility for the amount requested will be verified prior to disbursing TEACH funds. The amount awarded is subject to change if your enrollment decreases after the add/drop deadline of each semester. We do not automatically increase TEACH awards without your request, regardless if your enrollment changes.

Please indicate your TEACH Grant amount request according to your enrollment:

<input type="checkbox"/> \$3772: Full Time	<input type="checkbox"/> \$2829: Part Time	<input type="checkbox"/> \$1886: Half Time	<input type="checkbox"/> \$943: Less Than Half Time
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Review & Sign

My signature below certifies that I have read all items on this form. All the information reported is complete and correct. I authorize CSUMB to verify any other information necessary to determine my final eligibility for a TEACH Grant. My signature also certifies that I understand the following service requirements of the Grant: I agree to teach full-time for at least four years within eight years of completing a credential program. Otherwise, if I am unable to complete any of the service requirements of the TEACH Grant Program this grant will convert to FEDERAL DIRECT UNSUBSIDIZED LOAN. Once converted, it remains a loan and I must repay the loan with interest accruing from the date the grant funds were disbursed. There is NO credit for part-time teaching or partial fulfillment of service. ONCE THE GRANT BECOMES A LOAN, IT STAYS A LOAN.

Student Signature (Required) _____	Date _____	Student Phone # with voicemail _____
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Financial Aid Office Use Only			
Approved by: _____	Cumulative GPA: _____	Amount Previously Received: _____	
Fall Amount: _____	Spring Amount _____	Disbursed Date _____	