



Office of Student Financial Aid

**KSU TEACH GRANT AGREEMENT
Teacher Education Assistance for College
and Higher Education (TEACH) Grant**

Indicate the semester and academic year for which you are requesting the TEACH Grant:

Fall _____
Year

Spring _____
Year

Summer _____
Year

I have reviewed the TEACH Grant presentation on the KSU Financial Aid Office website. I understand and agree to the following requirements of the TEACH Grant:

_____ I am at least a Junior or Master’s degree student admitted into the KSU Bagwell College of Education with a KSU Adjusted Grade-Point-
initial Average 3.25 or higher and that this GPA will be evaluated each semester.

_____ I am majoring in a critical-need field as defined by the KSU Bagwell College of Education in consultation with the U.S. Department
initial of Education’s requirements for TEACH Grant.

_____ I understand that the TEACH Grant will pro-rate each semester if I am not enrolled in a full-time status
initial (Undergraduate full-time = 12 semester hours; Graduate full-time = 9 semester hours)

_____ I understand that the TEACH Grant may affect other financial aid that I may be receiving from Kennesaw State University (e.g. loans)
initial

_____ I understand that I must make Satisfactory Academic Progress (SAP) in order to retain the TEACH Grant.
initial

_____ I understand that the TEACH Grant is not eligible for second Bachelor’s degrees or for degrees above the Master’s degree.
initial

_____ I understand the lifetime limits for the TEACH Grant: Undergraduate = \$16,000 and Graduate = \$8,000
initial I also understand that the annual limits are set by the Federal Government and are subject to change.

_____ I understand that I am required to teach a minimum of four (4) full academic years within an eight (8) year window following my
initial completion of the academic program for which I am receiving the TEACH Grant.

_____ I understand that my four (4) year teaching/service requirement must be in a critical need content field as defined by the specific
initial state in which I am teaching upon entering service.

_____ I understand that my four (4) year teaching/service requirement must be in a school that meets the U.S. Department of Education’s
initial definition of an economically “low-income” school (usually Title I eligible, but I will review the school’s eligibility with the U.S. Department of Education).

_____ I understand that I must complete TEACH grant Entrance Counseling and Agreement to Serve (ATS) with the U.S. Department of
initial Education annually.

_____ I understand that I must keep the U.S. Department of Education informed regarding my employment status each year during my
initial teaching teaching/service repayment period.

_____ I understand that if I do not meet the requirements of my teaching/service requirement, all TEACH Grant funds I received will be
initial converted to a Direct Unsubsidized Loan. I understand that I must repay this loan in full, with interest charged from the date of each TEACH Grant disbursement.

By signing below, I agree that I have reviewed the Federal TEACH Grant requirements and agree to each of the requirements listed above.

Student Printed Name _____

KSU ID Number _____

Student Signature _____

Date _____