



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 _____