

Please complete this form online, then print and sign using blue or black ink.

TEACHG



STUDENT NAME: _____
WIN: _____
DAYTIME PHONE: _____
ADDRESS: _____
CITY, STATE, ZIP: _____

WMU Student Financial Aid
1903 W Michigan Ave
Kalamazoo MI 49008-5337
(269) 387-6000
finaid-info@wmich.edu

2017-18 FEDERAL TEACH GRANT APPLICATION - GRADUATE

This form must be received in our office at least **30 days** prior to your last date of enrollment for the 2017-18 academic year. Please complete the information below:

____ I am admitted to a designated TEACH-eligible graduate program at WMU and intend to teach full-time in my subject area for at least four years at schools that serve students from low income families within eight years of graduating from my program. I wish to apply for the Federal TEACH Grant Program.

Indicate the semester(s) for which you will be enrolled and wish to receive the Federal TEACH grant:

____ Summer II 2017 ____ Fall 2017 ____ Spring 2018 ____ Summer I 2018

Please check if any of the following apply to your situation:

____ Current or Former Certified Teacher List School District _____
____ Retired with expertise in a high-need field Check at least one: ____ math ____ science

The Federal TEACH Grant will convert to a Federal Direct Unsubsidized loan with interest accumulated from the beginning of the first disbursement, IF you do not meet ALL the requirements as noted on the Agreement to Serve.

Additional Application Steps:

In addition to this application (and your FAFSA), you must complete the following AFTER you have been awarded the TEACH Grant. If you complete the information before being awarded, Western will not receive your information.

TEACH Grant Initial or Subsequent Counseling at teach-ats.ed.gov/ats/index.action
TEACH Grant Agreement to Serve (ATS) at teach-ats.ed.gov/ats/index.action

Please visit wmich.edu/finaid/scholarships-grants/teach for additional eligibility requirements. Every year you receive a Federal TEACH Grant, you will need to complete entrance counseling and a new agreement to serve.

STUDENT SIGNATURE: _____ DATE: _____

Return your completed form to Bronco Express on the lower level of the Bernhard Center. You may also email or mail to the address above. Be sure to include your name and WIN on all pages. Missing information may delay the processing of financial aid.