



Financial Aid Office
231 Sheldon Hall
Oswego, NY 13126
PH 315-312-2248
FAX 315-312-3696

TEACH Grant Application

Teacher Education Assistance for College and Higher Education

Name: _____ ID#: _____
 Last First

Oswego email: _____ Cell Phone #: _____

Mailing Address: _____ Grad or Undergrad: _____

Major: _____

SAT Score: _____ Verbal _____ Math _____ Essay _____ ACT Score: _____ H.S. AVG _____

Have you received TEACH Grant previously? _____ Aid Year of Application: _____

Based on my completion of this application and my signature below, I acknowledge the following:

- I have read the material on the SUNY Oswego Financial Aid Office website at <https://www.oswego.edu/financial-aid/grants> (then select Prospective Teachers) and wish to be considered for a Federal Teacher Education Assistance for College and Higher Education (TEACH) Grant.
- I understand there is a service requirement to the grant that requires teaching in a high-need field in schools serving low income families. I further understand that failure to complete the service requirement will cause the grant to be converted to a Federal Unsubsidized Stafford loan with interest accruing from the date the grant was initially received.
- I understand that qualification for the TEACH grant has a scholarly component. I must initially qualify based on SAT or ACT scores, or on high school GPA. In order to remain eligible, I must maintain a 2.0 if originally qualified based on SAT or ACT scores, or a 3.25 if originally qualified based on high school GPA.
- I also agree to sign the required contract with the United States Department of Education and attend the required counseling session before the funds will be disbursed.

Signature: _____ Date: _____