

2025 – 2026 Federal TEACH Grant

The College Cost Reduction and Access Act of 2007 created the Teacher Education Assistance for College and Higher Education (TEACH) Grant Program, which provides up to \$4,000 per year in grants to students who commit to teach **fulltime in high need subject** areas for at least four years and at schools that serve students from low-income families.

Additionally, recipients of the TEACH Grant will be required to sign an "Agreement to Serve" for each year the grant is received and complete initial and subsequent (each year) TEACH grant counseling. Upon graduation, students are required to complete TEACH grant exit counseling.

If the commitment is not fulfilled, the grant is permanently converted to an Unsubsidized Federal Direct Loan with interest calculated back to the date the funds were disbursed.

To qualify you must meet all of the following criteria:

- Complete a 2025-2026 Free Application for Federal Student Aid (FAFSA)
- Be a US Citizen or Eligible Non-Citizen
- Be fully admitted into a TEACH eligible major
- Have completed at least 60 credit hours if an undergraduate student
- Have a 3.25 cumulative GPA at South Carolina State University if a continuing student
- Have a 3.25 cumulative GPA from an undergraduate program of study (1st year Graduate students

A. STUDENT INFORMATION				
Name:		Student II	Student ID #: 900	
SCSU Email Address:	@scsu.edu Phon	e #:		
Major:			Graduate 🛛 Undergraduate	
Are you currently completing coursework and othe	er requirements necessary to begin	NOTE:	This is a request for TEACH grant	
a career in teaching for the purpose of receiving th	iis TEACH grant? □ Yes □ No	NOIL.	funding which can be approved or denied. The Office of Financial Aid will notify you of the application decision within 5 days of receiving your completed request.	
Student's Handwritten Signature	Date		your completed request.	
B. ACADEMIC ADVISOR				
The student whose name appears on this form is c complete the items below. Without this information Has the student met criteria and been fully admitted	on, the student's application cannot be		ffice of Financial Aid. Please	
Is the student pursuing a major that qualifies him/her	1 0			
Academic Advisor's Signature	Date		South Carolina State University Office of Financial Aid 300 College St., P.O. Box 7386 Orangeburg, SC 29117	
Academic Advisor's Printed Name	Telephone #			
OFA USE ONLY: PLEASE DO NOT WRITE IN THIS S	SECTION			
Date Received:			ApprovedDenied	
Denial Reason: 🗌 Major 🗌 GPA 🗌 FAFSA	Other (explain)			
Date Student Notified:	Review Completed By:		Date:	