



**NORTHERN**  
STATE UNIVERSITY

**2022-23 TEACH Grant Application**

Name \_\_\_\_\_ Student ID or SSN \_\_\_\_\_

I am requesting a TEACH Grant for the following terms (mark all that apply):

- Fall  Spring  Summer

- Yes, I have completed a 2022-23 FAFSA. FAFSA website: [StudentAid.gov](https://studentaid.gov)
- Yes, I have maintained the academic requirements as indicated below:
  - I scored above the 75<sup>th</sup> percentile on a college admission test (i.e., ACT, SAT, GRE) or
  - I have a cumulative GPA of at least 3.25 from my most recent semester completed (high school GPA for incoming freshmen; college GPA for current or transfer students) or
  - I am employed as a full-time teacher and will be during the time I am receiving a TEACH Grant as a graduate student.
- Yes, I am pursuing my first bachelor's degree or first master's degree.
- Yes, I am majoring in a program that will prepare me for teaching in a high-need field.

Name of program/major: \_\_\_\_\_

- Yes, I intend to teach in a high-need field as identified by the federal government, or in a South Dakota-specific high-need field.

**Federal:**

- |   |   |
|---|---|
| <input type="checkbox"/> Bilingual Education          | <input type="checkbox"/> Mathematics        |
| <input type="checkbox"/> English Language Acquisition | <input type="checkbox"/> Reading Specialist |
| <input type="checkbox"/> Foreign Language             | <input type="checkbox"/> Science            |
|   | <input type="checkbox"/> Special Education  |

**South Dakota-specific (in addition to the federally identified fields listed above):**

- |  |   |
|--|---|
| <input type="checkbox"/> Health and Physical Education | <input type="checkbox"/> Language Arts  |
|  | <input type="checkbox"/> Social Studies |

- Yes, I intend to teach in a low-income school. Department of Education approved list of low-income schools: <https://studentaid.gov/app/tcli.action>
- Yes, I went to <https://studentaid.gov/app/launchTeach.action> and have completed:
  - 2022-23 Teach Grant Agreement to Serve (ATS) date completed: \_\_\_\_\_
  - TEACH Grant Counseling (initial or subsequent) date completed: \_\_\_\_\_

\_\_\_\_\_  
Signature Date

Please return completed form to Dacotah Hall 103 or [finaid@northern.edu](mailto:finaid@northern.edu)